This is the second edition of the Cervical Screening How To Guide for Primary Care

updated in January 2015.
Table of Contents

1. Engaging with Women: ................................................................. 1
   1.1 Rapport and Trust ................................................................. 1
   1.2 Providing Information ......................................................... 4
   1.3 Reducing Barriers ................................................................. 7
   1.4 Health Education, Raising Awareness and Health Literacy .......... 9
   1.5 Promoting Cervical Screening ............................................. 11

2. Culturally Safe & Competent Services ....................................... 13
   2.1 Whānau Ora ........................................................................ 16
   2.2 Cultural Models of Health .................................................. 17

3. Preparation and Administration .............................................. 19
   3.1 Demographics and Inequities ................................................ 20
   3.2 Patient Management System ............................................... 22
   3.3 Mandatory Reporting of Ethnicity ....................................... 28
   3.4 Resources ........................................................................... 31
   3.5 Keeping Track of Progress .................................................. 32
   3.6 Affordability ...................................................................... 34
   3.7 Partnership with Other Services ......................................... 35
   3.8 Role of the NCSP and Register ........................................... 37

4. Inviting and Recalling Women for Smears .................................. 39
   4.1 Invitations .......................................................................... 40
   4.2 Recall .................................................................................. 43
   4.3 DNAs .................................................................................. 49
   4.4 Women Who do not Participate ........................................... 49

5. Opportunistic Screening .......................................................... 55

6. Audit (data matching) ............................................................... 59

7. Smear Taking ........................................................................... 63
   7.1 Training and Professional Development ................................ 63
   7.2 Maintaining Competence ................................................... 64
   7.3 Special Requirements ......................................................... 65
   7.4 HPV Immunisation ............................................................... 66
   7.5 Women who do not respond to 12 month recall following treatment ................................................................................................................................. 68
   7.6 Clinical Judgment ................................................................ 68
   7.7 Avoiding Unnecessary Screening ........................................ 70
   7.8 Communicating and Recording Smear Results .................... 72
   7.9 Referral to Colposcopy ........................................................ 74
   7.10 HPV-Testing and Pathway Back to Normal Screening .......... 78

8. Technical Tips and Support .......................................................... 81

9. Appendices ................................................................................ 85
Appendices:

(i) Legislation and Guidelines
(ii) Checklist of Recommendations to Increase Rates of Participation
(iii) Alternative Providers in the Auckland Region
(iv) Health Literacy Article
(v) Culturally Specific Strategies from the MACSGG Strategic Plan
(vi) Whānau Ora Definitions from ADHB
(vii) Māori Models of Health
(viii) Pacific Models of Health
(ix) Asian Models of Health
(x) Explanatory Notes and Form for Withdrawal
(xi) Form for Re-Enrolment
(xii) Cervical Smear Consultation Checklist
(xiii) Sample invitations and letters
   a. Flier for WWFT Services (Chinese, Korean and Hindi)
   b. Example of an Invitation
   c. Examples of First, Second and Third Recall Letters
   d. Example of an invitation to a woman who has Declined
   e. Mothers Day Promotional Invitation
   f. Samoan Translation of Invitation
   g. Examples of Colourful Images to Improve Invitations and Letters
Mihi

E ngā iwi, e ngā reo
E ngā karangatanga maha o
Ngā hau e whā tenei te mihi
Atu ki a koutou katoa

To all peoples, all voices, all the many relations from the four winds, we greet you all

Acknowledgements

There is a wealth of experience and enthusiasm for delivering the very best possible cervical screening services for the women of the Auckland Region and experts from across the three DHB areas have contributed content to this resource. Auckland is a large region, made up of diverse populations and this is reflected in the range of approaches that have evolved and have been shared.

Thanks go to those smear takers nominated by their PHOs who made time for interviews, shared their ideas and insights and provided detailed examples of cervical screening service approaches that meet the needs of the women in different communities. The managers and GP liaison nurses from all seven PHOs in the Auckland Region have assisted enormously through introductions to smear takers and through practical advice on content. Examples and content have also been provided by clinical, cultural and health promotion experts from Family Planning, Well Women and Families Trust, Raukura Hauora, West Fono and the Waitemata Asian Support Services.

Thank you to the Regional Cervical Screening Coordinators for your encouragement, enthusiasm and for sharing ideas for this guide. And thank you to the Metropolitan Auckland Cervical Screening Governance Group (PHO representatives, public health, clinical, consumer and cultural experts) for your advice and expertise.

Finally, thank you to the National Cervical Screening Programme team who reviewed this Guide for technical accuracy.

Pauline Proud
Auckland Region Cervical Screening Project Manager
Foreword

E Ngā mana, e ngā reo
E ngā karangatanga maha tēna koutou

All authorities, all voices,
All the many alliances and affiliations, greetings.

This “How to Guide” has been specifically written to support smear takers in the Auckland Region provide a cervical screening service that meets the needs of their eligible female populations and to encourage improvements in systems for the identification, invitation and recall of women for their regular cervical smears. Primary care has a pivotal and crucial role in the National Cervical Screening Programme (NCSP).

Although the NCSP has been running in New Zealand since 1990, achieving high coverage has been a persistent issue. Low coverage levels disproportionately affect Maori, Pacific, many new migrants and women on low incomes. To continue to reduce the incidence of cervical cancer in New Zealand and importantly reduce the disparity between Maori and non Maori women, it is essential that all eligible women are enrolled in the NCSP and are recalled for regular three yearly cervical smears.

The “How to ‘Guide” has been painstakingly compiled over many months by those working to improve the performance of the NCSP in the Auckland region. It contains much practical advice from those at the “front line” and it has also been reviewed by the National Cervical Screening Programme team at the Ministry of Health. All of us working at a regional level hope you will find useful material in the guide and we welcome any feedback you have as to how it might be improved.

He konei ra

Julia Peters
Chair, Metro Auckland Cervical Screening Governance Group
Preface

The Cervical Screening “How To” Guide has been developed to support improved rates of participation in the Cervical Screening Programme across the Auckland Region. The greatest gains are likely to be made by improving strategies for increased access to services by Māori, Pacific, and Asian, young, and older women. The Guide is intended as an orientation tool for novices and a source of peer advice for experienced service providers. It follows the cervical screening pathway and is aligned with relevant National Cervical Screening Programme policies, standards and guidelines.

The Guide highlights locally sourced recommendations, examples and technical tips. Smear takers working in Primary Care and working with high needs populations have contributed their ideas and have highlighted “Critical Notes”. A checklist is provided as a tool for teams to acknowledge what is already in place, and to encourage new strategies for improvement. The difference in size and design of provider services will determine which processes and ideas can be adopted.

The document will be available on the project website and regularly updated. Further ideas and examples of what works well can be sent to the Project Coordinator for inclusion and new or amended content will be made available and communicated.

Named health professionals who receive a hard copy will be recorded on a register for updates and evaluation.

<table>
<thead>
<tr>
<th>![Icon]</th>
<th>Required as per framework documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Icon]</td>
<td>Useful references</td>
</tr>
<tr>
<td>![Icon]</td>
<td>Recommendations for good practice</td>
</tr>
<tr>
<td>![Icon]</td>
<td>Ideas and examples</td>
</tr>
<tr>
<td>![Icon]</td>
<td>Technical Tips</td>
</tr>
<tr>
<td>![Icon]</td>
<td>Critical Note</td>
</tr>
</tbody>
</table>

List of Abbreviations used in the Guide:

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CALD</td>
<td>Culturally and Linguistically Diverse</td>
</tr>
<tr>
<td>DNA</td>
<td>Did Not Attend (appointment)</td>
</tr>
<tr>
<td>HPV</td>
<td>Human Papilloma Virus</td>
</tr>
<tr>
<td>FPA</td>
<td>Family Planning Association</td>
</tr>
<tr>
<td>ISP</td>
<td>Independent Service Provider</td>
</tr>
<tr>
<td>MACSGG</td>
<td>Metropolitan Auckland Cervical Screening Governance Group</td>
</tr>
<tr>
<td>MoH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>NCSP</td>
<td>National Cervical Screening Programme</td>
</tr>
<tr>
<td>NCSP-R</td>
<td>National Cervical Screening Programme Register</td>
</tr>
<tr>
<td>NHI</td>
<td>National Health Index</td>
</tr>
<tr>
<td>PHO</td>
<td>Primary Health Organisation</td>
</tr>
<tr>
<td>PMS</td>
<td>Patient Management System</td>
</tr>
<tr>
<td>WWFT</td>
<td>Well Women and Families Trust (formerly WONS)</td>
</tr>
</tbody>
</table>
1. Engaging with Women:

Topics covered in this Section:
- Rapport and Trust (Recommendations and examples for building a relationship)
- Providing Information: (What information and how to provide it)
- Barriers: systemic and personal (How to reduce them)
- Health Education, Raising Awareness and Health Literacy (Recommendations and Examples)
- Promoting Cervical Screening (Examples)

Engagement is the essential first step along the cervical screening pathway. Women are more likely to continue to participate in the New Zealand Cervical Screening Programme (NCSP) if they have decided for themselves that it is worthwhile, and their initial experiences are positive. Interpersonal skills, time and privacy are indicated as key factors which can promote or hinder engagement. The availability of interpreters is also important for non-English speaking women. See Section 4.1.

1.1 Rapport and Trust

Smear takers have stressed the importance of building trust; listening and taking time to talk with each woman so that she understands what is offered, the benefits and the risks, and how her needs can be met.

NCSP Policies and Standards Section 4.


Recommendations for Building the Relationship

- Take time to start with normal conversations with the woman about her family, work etc. Find out about the general feeling within her culture/family about cervical screening. See Section 2: Culturally Safe and Appropriate Services.
- Provide a qualified female interpreter for non-English speaking women.
- Always ask each woman how she feels about having a smear taken. Find out what her understanding, previous experience and concerns are.
- Use active listening.
- Demonstrate empathy, e.g. bringing own experience to the conversation to acknowledge feelings related to the process.
- Use humour to break the tension where the conversation is sensitive.
- Provide reassurance e.g. that the clinical space is organised to ensure privacy throughout the process and what taking the smear actually involves.
- Assure confidentiality. Emphasise that this relates to conversations, letters, phone calls, texts and follow up contact.
- If appropriate, suggest having a support person
- Explain options and choices to best meet her needs either within your practice or with another service provider.

Examples provided by smear takers

“Most concerns are allayed through taking time to build trust. Women may need extra time. Having a normal conversation before asking personal questions or getting on with the smear. I talk about other things or about the actual procedure, depending on what the woman is comfortable with.”

“Take extra time and care where there are issues with reluctance for whatever reason.”

From Maori Providers:

“Nurses go out and engage with families and may offer the smear as outreach, but with the goal of engaging the family with the practice. We don't turn people away. Our nurses have a clear vision: Kingitanga Kaupapa and an understanding of history and how Whānau Ora will benefit families. The vision is strongly articulated and actioned”.

“We communicate with women face to face and by phone” and “Nurses have their own clinical space”.

“Our main goal is to ensure we take every opportunity to screen women when they engage with Primary Care. We use the Whānau Ora approach: Understanding of leadership within the Whanau and who that is”.

“Our staff have interpersonal skills and relevant experience, including local knowledge of community”

From a Practice with a diverse enrolled population: “I use a friendly approach and humour to put women at their ease. I go through with women not just the key messages, but exactly what we use to get the cells. I show them that the speculum is not sharp, that it is probably not as large as their partner's penis, and the brush used is not stiff, but like a mascara wand. I explain the process of getting the necessary cells. I include the partner if the woman agrees.” (smear-taking nurse)

From a Practice with Predominantly Chinese Population: “If it is acceptable to the woman, I try and involve the partner when talking about cervical health. This means the partner also gets an understanding of the benefits and can encourage participation.”
From a Pacific Practice that has improved from 52% to 68% coverage in three years:

“We are Pacific ourselves. We speak the languages of our communities. We acknowledge there are heaps of barriers, and try to work with those. Most women do not have an understanding of cervical screening and need education and awareness, which takes time and is based on a relationship of trust with the practice nurse.

We always ask who has come along with them to the surgery, and invite that family member to be part of the conversation. We acknowledge that things here are very different from the Island way, and that in New Zealand we do talk about these things. We explain that women have rights: to be provided with all the information they need in the language they are comfortable with, time to think about what they want, the right to confidentiality, and the right to choose their service provider and the right to complain if they are not happy with the service. We explain the smear test is free for everybody in this practice. If they speak English, we ask if they understand what is in the pamphlet. If we need to talk in Samoan, then that is what we do. There are key messages and explanations for the reasons why we offer regular smears. We show them that we are not looking for cancer that can be seen, but for changes before cancer develops. We tell them about the choices they have. If they prefer a Palangi nurse, or to go to another location, we advise them of their options.”

<table>
<thead>
<tr>
<th>What works for Indian Women</th>
</tr>
</thead>
</table>

East Tamaki Health Care is a PHO working in South Auckland. Their practices serve a number of Indian communities.

A special day promoted within two clinics for the Indian community of eligible women succeeded in the smear taking nurses taking a total of 25 cervical smears. Five women who brought their recall letter with them had never had a smear previously.

Key Points:
- Recall letters were sent on pink paper
- Advertising on the Indian speaking radio stations and the newspapers was helpful
- The “build up” to the day showed an increase in awareness for the reception as well as the clinical staff and encouragement from everyone in the clinic. During this time women were offered smears while they were at the clinic and more smears than usual were taken in this way even before the event. Clinic staff realised that offering and doing ‘opportunistic smears’ is business as usual and not an extra job that needed an appointment.
- The Doctor’s role is very important. Being told by the doctor to talk to the nurse about having a smear, and mentioning the Doctor’s name in the recall letter both were successful approaches.
- Notices as well as recall letters promoted cervical screening in the period leading up to the event.
- Clinic staff on the day dressed up in pink and decorated the clinic in pink as well
- The clinic had dedicated space on the day. There were no other patients or GPs on the
premises

- Reception and clinical staff were able to speak a range of languages appropriate to the target group
- The women brought their support person; husband, daughter, sister who were acknowledged in their role of taking care of the woman attending for a smear. The woman could have her support person with her right up to the point of taking the smear.
- Leaflets and pamphlets distributed to local businesses and shops were effective.
- Breast screening data was checked and referrals made at the same time

The flow on effect of this exercise will be that more women understand that having a smear can be easy, not too embarrassing, and can be done by a smear taker nurse who understands their culture and language and husbands were made to feel proud of ‘bringing their wives’.

In a different event, the outreach cervical smear van (Well Women and Family Trust) was booked for a Health Day at the Temple. Even though the van was parked in the public area and the table for registering was in the open) women lined up and waited for their turn with their female friends or relatives.

1.2 Providing Information

General Practices are responsible for promoting and inviting eligible women to participate in the National Cervical Screening Programme. The smear taker is responsible for providing all the information necessary for informed consent.

Eligible women are those aged 20-69 who have ever been sexually active. This includes:

- All women who have been immunised against HPV
- Women who are single
- Lesbians
- Disabled women
- Women who have been through menopause
- Women who are no longer having sex
- Women who still have a cervix following a subtotal hysterectomy
- Women who have had a total hysterectomy and have:
  - a history of abnormal cell changes confirmed by biopsy
  - cervical abnormalities found at the time of surgery
  - had the hysterectomy because of abnormal cells or cervical cancer.

  Note: these women will have annual or 3-yearly vault smears depending on their previous history. (NCSP Guideline 17)

- Women aged 70 and over who have never had a cervical smear test. The initial test is followed by another a year later. If both tests are normal no further tests are needed.
What is the best way to communicate the necessary information?

Smear takers have indicated face-to-face conversations are the most effective means of communication, complemented by NSU resources, particularly “What Women Need to Know” and visual aids. Smear takers are required to provide information on the screening programme, the smear taking process, and the different smear takers and alternative services available.

<table>
<thead>
<tr>
<th>What is the best way to communicate the necessary information?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smear takers have indicated face-to-face conversations are the most effective means of communication, complemented by NSU resources, particularly “What Women Need to Know” and visual aids. Smear takers are required to provide information on the screening programme, the smear taking process, and the different smear takers and alternative services available.</td>
</tr>
</tbody>
</table>

NCSP Policies and Standards Section 4.


Providing a range of information

- Display posters and brochures in waiting areas as well as having information to hand in clinical rooms to complement verbal explanations. These resources need to be available in a range of languages.
- See the resources on the NSU website: https://www.nsu.govt.nz/health-professionals/1843.aspx
- All women should be provided with a copy of the booklet: “Prevention of Cervical Cancer: a guide for women in NZ”
  - These are free and available from Health Ed: https://www.healthed.govt.nz/

Obligations in respect of informed consent:

- Explain the procedure
- Provide information regarding:
  - the importance of regular cervical smears
  - the objectives of the National Cervical Screening Programme
  - the benefits and limitations of cervical screening
  - the benefits of participating in the Programme
  - who has access to information on the NCSP Register and uses that information may be put to
- Advise women that the laboratory send all cervical results to the Programme and these are entered on to the NCSP Register. All women are automatically enrolled unless they formally withdraw
- Explain how they can withdraw from the Programme. (The smear taker cannot withdraw a
All women are entitled to a coordinated service and all the information necessary for them to understand their options and to choose the services that best suit their needs.

See Appendix (iii) “Alternative Providers Across the Auckland Region”

References to Guidelines and Legislation

Duties of persons taking specimens for screening tests and the requirement to provide key messages. (Section 112L. Part 4A. Health Act 1956 (amended in 2004))
“Smear takers will ensure that women have access to information about a range of providers who take smears”  NCSP Policies and Standards Section 4. Standard 403
“Every consumer has the right to have services provided in a manner consistent with his or her needs.” “Every consumer has the right to co-operation among providers to ensure quality and continuity of services.”

The Code of Health and Disability Services Consumers Rights  Section 4
Examples of useful resources for women with English as a second language:

- The “What Women Need to Know” pamphlet should be given to all women when they have their first smear and/or join the programme. These are now available in a range of languages for download from the NSU website [http://www.nsu.govt.nz/current-nsu-programmes/5275.aspx](http://www.nsu.govt.nz/current-nsu-programmes/5275.aspx)
- Translated letters of invitation. **See Appendix (xiii)** for examples
- Translators are available. An 0800 number and a speaker phone are necessary.

<table>
<thead>
<tr>
<th>DHB</th>
<th>Phone Number</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auckland DHB</td>
<td>0800 559 555</td>
<td><a href="mailto:PHP@adhb.govt.nz">PHP@adhb.govt.nz</a></td>
</tr>
<tr>
<td>Counties Manukau DHB</td>
<td>(09) 276 0041</td>
<td><a href="mailto:its@cmdhb.org.nz">its@cmdhb.org.nz</a></td>
</tr>
<tr>
<td>Waitemata DHB</td>
<td>0800 887 765</td>
<td><a href="mailto:watis@waitematadhb.govt.nz">watis@waitematadhb.govt.nz</a></td>
</tr>
</tbody>
</table>

Language Line (the office of ethnic affairs) [www.languageline.govt.nz](http://www.languageline.govt.nz) 0800 656 656  Alternatively, Google Translate has been recommended: [http://translate.google.co.nz/](http://translate.google.co.nz/)

### 1.3 Reducing Barriers

Barriers can be categorised as systemic (created as a result of service design) and personal (to the woman). Systemic barriers can be overcome by a woman-centred approach to design of premises, policies, and service delivery such as availability of female smear takers, choice of smear takers, out of hours and drop in clinics, low cost or free smears, staff training, dedicated clinical space, invitation, recall and audit, and continuing improvement processes.

Most personal barriers can be overcome through being sensitive, taking time to develop trust, listen and respond to concerns, and services designed to meet women’s needs (rather than the needs of the providers) using translation services, and offering alternatives where services simply cannot meet particular preferences. Some women will engage with the cervical screening programme straight away. Others take time to choose to have a smear and participate in the programme, and some may never make that choice.

Any of the following barriers may be present:
- Communication difficulties (different languages, lack of time)
- No female smear taker available
- No after-hours or weekend services
- Health literacy problems
- Screening is not considered relevant or important
- Embarrassment
- Cultural insensitivity and incompetence
• Lack of privacy (e.g. facing the door, no lock on the door)
• Cold room, cold metal speculum
• Fear of lack of confidentiality
• History of sexual abuse
• Fear or distrust of the process and/or the results
• Obesity where there is discomfort and embarrassment
• Transience, no fixed abode
• Previous bad experience
• Lack of time, transport, childcare
• Cost
• Being unprepared (for an opportunistic smear)
• Not knowing alternative services are available
• Difficulty in taking time off work

A culturally appropriate smear-taking approach for Maori and Pacific women

As featured in Kai Tiaki Dec 2013 a nurse, in reflecting on her own experience of having cervical smears, developed a new approach and reviewed its effectiveness. The full article was printed in is in Appendix (v)

“From a cultural perspective a darkened room creates a sense of safety which, in turn, reduces anxiety and perceptions of being exposed, lessening feelings of vulnerability. A drape over the lower regions and legs is still necessary until the lights go out.”

Here are the tips:
• Ensure any light is blocked from entering the work space
• Prepare your equipment on a separate surface close to your patient (not at the end of the bed) before you turn off the light.
• If you can still see your equipment after the lights go out, your room is not dark enough. Try to preserve the darkness as best you can.
• Use a very dim light to illuminate your equipment only. A small directional lamp or headlamp will help.
• Don’t use the light from the speculum to find your equipment. It is too bright and breaks the cover of darkness.
• The speculum light is bright enough to check the external genitalia immediately before insertion. You may have to turn the light back on if something looks suspicious.
• It’s a good idea to gain the patient’s consent before plunging them into darkness.

This approach will not suit everyone but was well received by young Maori women.
1.4 Health Education, Raising Awareness and Health Literacy

Health promotion is the process of enabling people to increase control over their health and its determinants, and thereby improve their health. In the context of a cervical screening service, this includes health education and creating a supportive environment where women have access to information and can be involved in development of services that meet their needs.

All eligible women should be provided with a copy of the booklet: “Prevention of Cervical Cancer: a guide for women in NZ”

Health literacy is defined by the Ministry of Health as “a person’s ability to obtain, process and understand basic health information and services in order to make informed and appropriate health decisions”.

Health Literacy plays an important role in boosting cervical screening uptake. 56% of adult New Zealanders have low health literacy. The rate of low health literacy is much higher in specific populations: 75% of Maori, and 90% of people from Pacific nations.

References for Health Literacy

See Appendix (iv)
(Korero Marama 2006).

Recommendations

- Identify barriers experienced by different groups of women within the enrolled population
- Develop policies and strategies to address the barriers
- Develop “co-designed” services. The Ministry of Health has funded the development of a website to encourage services to work through the six elements of co-design:
  http://www.healthcodesign.org.nz
    - Engage
      Establish and maintain meaningful relationships with women to understand and improve healthcare services. This critical element underpins all improvement work and is continuous throughout.
    - Plan
      Work with women and staff to establish improvement goals and how you might go about achieving them.
o **Explore**
Learn about and understand women’s experiences of services and identify ideas for improvements.

o **Develop**
Work with women to turn ideas into improvements

o **Decide**
Choose what improvements to make and how to make them. Success depends on an understanding of the woman’s journey and the insights about service improvement this offers.

o **Change**
Turn your improvement ideas into action. Remember that you do not need to make all the changes by yourself. Make as many improvements in partnership with other stakeholders as you can.

- Work in partnership with other services and community agencies
- Be aware of perceptions of how invitations are framed e.g. “I notice you are overdue for your smear” may immediately convey a negative message which puts a woman off
- Improve communication tools; make sure you know how they want to be reminded and analyse the words and the tone to ensure the message is welcoming and non-judgmental e.g. congratulations for participation alongside the reminder

---

### Example of working in partnership

A Chinese smear taker nurse wanted to encourage understanding and dispel myths within the local Chinese community. She asked a Chinese Health Promoter from WWFT (Well Women and Family Trust) to talk to a large, regular, Chinese community forum meeting locally.

Key messages were provided in an appropriate language, in a community setting, with the opportunity to discuss and translated resources were available to take away.

---

### How to demonstrate demographic profile of a cervical screening service

- **See Section 8: Technical Tips:** b) Query Build for high needs women by ethnicity
1.5 Promoting Cervical Screening

Robust systems for invitation and recall provide the basis for optimum invitation and recall of eligible women, however a range of activities initiated at PHO and at practice level have been used to increase participation in cervical screening. Pamper days, free smear offers, cervical smears offered as part of well women checks, raffles, and free lava-lavs all have been reported as useful in encouraging overdue, unscreened and rarely screened women to have a smear.

<table>
<thead>
<tr>
<th>Examples of Promoting Cervical Screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Mothers Day Promotion</td>
</tr>
<tr>
<td>A letter is sent out to appropriate women who are overdue for their smear, inviting them to come in for a free Woman’s Health Check which includes cervical screening.</td>
</tr>
<tr>
<td>See Section 8: Technical Tips to create a new letter.</td>
</tr>
<tr>
<td>See Appendix (xiii) for example of the letter.</td>
</tr>
<tr>
<td>• Texting to promote free smears for overdue women</td>
</tr>
<tr>
<td>A practice with significant Asian and Pacific women overdue for their smear arranged for free smears for women who met the high needs criteria. The nurse sent out an invitation to come in on Wednesday afternoons for free smears. Inadvertently, she also sent the same message (text) to all women who had not responded to invitations and recall. A large number of overdue women attended for their smear.</td>
</tr>
<tr>
<td>• Think Pink Cervical Screening Awareness Month including free smears and extra evening nurse-led clinics. This was promoted through community newspapers, decorations and posters in the clinic, pink He Wahine, He Taonga T Shirts for staff, altering the recall letter to publicise the extra Wednesday evening appointments and following up the letter with a phone call. Evaluation showed this to be successful. Evaluation showed planning the promotion should have started earlier.</td>
</tr>
<tr>
<td>• Letters and Posters to promote free smears during August and September with a raffle for a gift hamper. All women were given a lava-lava as well. All smears were funded by the PHO, but the focus was on attracting women who have not had a smear or were overdue by more than 5 years. Evaluation showed that for high needs groups, the number of smears per month increased by 220% during the promotion.</td>
</tr>
<tr>
<td>• Birthdays: Congratulatory letters are sent with invitations to come in for cervical smears if they are due or overdue.</td>
</tr>
<tr>
<td>• Combined Screening for Older Women: Women (45-69 yrs of age) were offered a free smear alongside their CVD check. Their access to mammography was checked and encouraged at the same time. The extra funding generated covered this approach.</td>
</tr>
<tr>
<td>• Young Women: Encourage mothers and caregivers to promote cervical screening to young women e.g. when they come in for HPV vaccination.</td>
</tr>
</tbody>
</table>
2. Culturally Safe & Competent Services

Topics covered in this Section:
- Definition of culture and terminology in use
- Training available
- Whānau Ora and examples of application
- Cultural models used in health and health promotion services

In the Auckland region, low rates of participation are evident for Māori, Pacific (except the ADHB area) and Asian women, and for younger and older age groups. This resource aims to share ideas to improve services for women of different backgrounds, ethnicities, ages, religions etc. See Appendix (v) for strategies identified by the Metropolitan Auckland Cervical Screening Governance Group as necessary to increase participation.

In New Zealand, definitions, policies and models have developed as a response to the need to work biculturally and improve the health status of Tangata Whenua, and to fulfil obligations set out in Te Tiriti O Waitangi. It has also been important to develop tools that are effective for Pacific people in order to maintain spiritual health and wellbeing.

Culture may include (but is not limited to) ethnicity, spirituality, disability, gender, age and sexual orientation.

- **Cultural Awareness** is about noticing differences
- **Cultural Sensitivity** is about demonstrating respect for those differences and providing interventions that are appropriate. This goes beyond having knowledge and is evidenced by action.

Example of Cultural Sensitivity

“We design the clinical space to make women feel more comfortable. We use lavalava, rather than a sheet to cover the women during the examination, and we have pictures and art work in the clinics that reflect the culture of the women that come in.”

“I have found Pacific women may want to hide their face during the smear-taking, which is fine with me. I reassure them the room can be locked, and we have curtains around the couch. I make sure I have explained everything to them about the programme and how we will contact them about results before the smear, because women are often in a hurry to leave.”
- **Cultural Safety** is a component of nursing and medical practice and incorporates interventions at systems and organisational levels as well as within individuals’ clinical practice. Cultural safety is determined by the women who choose to participate in the cervical screening process.

- **Cultural Competence** requires critical self-reflection (personal and organisational) and is an ongoing process. It is determined by the organisational capacity, and the skill and ability of staff who collectively provide a service to women from different cultures.

- **A woman-centred approach** and cultural safety are common frameworks used by health professionals. Both share elements which focus on the perspective of the woman and family.

- **Whānau Ora** is an inclusive approach to providing services and opportunities to families across New Zealand. It empowers families as a whole, rather than focusing separately on individual family members and their problems. It requires agencies to work together with families to coordinate services for families. **See Section 2.1.**

## References

The Health Practitioner’s Competence Assurance Act 2003 Section 4 requires professional registration bodies to set standards of cultural as well as clinical competency.  

Guidelines for Cultural Safety, the Treaty of Waitangi and Maori Health in Nursing Education and Practice.  

## Recommended Good Practice

**Clinical, Organisational and Systems Approaches:**

**At the clinical level:**
- Cultural competence training for all staff
- Taking time to listen to women and to learn about their preferences
- Providing appropriate information including translated resources

**At the organisational level:**
- Staff recruitment strategies that mirror the diversity within the communities served
- Providing evening and weekend clinics with female smear takers at no extra cost
- Policy of providing information on alternative ethnicity-specific services
At the systems level:
- Use of data to demonstrate disparities and trends over time for different ethnicities and age groups
- Systematic feedback from women to inform quality improvement strategies

R. De Souza, 2008 “Wellness for all: The possibilities of cultural safety and cultural competence in New Zealand”

Examples of available training:

The Online Mauriora Cultural Competency Course is recommended by the Ministry of Health and free until March 2014. This course has been developed specifically for the New Zealand Clinical Health workforce and provides a basic understanding of cultural competency & health literacy within the context of the New Zealand Health sector. [http://www.health.govt.nz/news-media/news-items/cultural-competency-training-tool-available](http://www.health.govt.nz/news-media/news-items/cultural-competency-training-tool-available)

Culturally and Linguistically Diverse (CALD) Resources and Training are available free of charge to all primary and secondary care workforce working in the Auckland region. The CALD resources and training are available in both online and face to face formats.


The aim of the CALD cultural competency training programme is to:
- Increase the health workforce’s level of confidence to work with CALD service users and carers
- Enhance the cross-cultural interactions in the long term
- Increase satisfaction with the services delivered
- Reduce miscommunication, misdiagnosis, non-compliance of treatment and follow up, and disengagement with service providers

The following are recommended CALD courses to enhance cultural awareness, sensitivity, knowledge and skills working with CALD women and their families:

- CALD 1: Culture and Cultural Competency (pre-requisite)
- CALD 2: Working with Migrant Patients
- CALD 3: Working with Refugee Patients
- CALD 4: Working with Interpreters
- CALD 7: Working with Religious Diversity
2.1 Whānau Ora

Whānau Ora is an inclusive approach to providing services and opportunities to families across New Zealand. It empowers families as a whole, rather than focusing separately on individual family members and their problems. It requires agencies to work together with families to coordinate services for families.

References

Report of the Taskforce on Whānau-Centred Initiatives.

See Appendix (vi) for definitions (ADHB Māori Health Team He Kamaka Oranga)

Examples from Practice Nurses in the Auckland Region:

“Nurses go out and engage with families and may offer the smear as outreach, but with the goal of engaging the family with the practice. The organisational vision is very clear: Kingitanga Kaupapa and understanding of history and how Whānau Ora will benefit families.”

“We don’t have one point of contact for the family. It is the service that they engage with. The members of staff have evolved and the vision is now strongly articulated and actioned. The nurses have one leader, the community health workers another, the receptionists another and the senior management team makes sure their strategies are aligned.”

“As an example of Whānau Ora – where sexual abuse is an issue, we would make an opportunity to deal with it as well as being sensitive to the needs of the woman while performing a smear. We would initiate and support her through a Marae Justice process”

“We have wrap-around services here, with a range of agencies all on the one site; Strengthening Families, Health Promotion, Community Workers, Tamariki Ora, Pharmacist, Social Workers...”
### 2.2 Cultural Models of Health

It is acknowledged that practitioners use established models as part of their practice. Descriptions of the models listed below are provided in the appendices.

<table>
<thead>
<tr>
<th>Examples of Cultural Health Models. See Appendix (v) for details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Some Māori models:</strong></td>
</tr>
<tr>
<td>• Te Wheke</td>
</tr>
<tr>
<td>• Te Whare Tapa Wha</td>
</tr>
<tr>
<td>• Poutama</td>
</tr>
<tr>
<td>• Te Kapunga Putohe</td>
</tr>
<tr>
<td>• Te Pae Mahutonga</td>
</tr>
<tr>
<td>• Ngā Pou Mana Health</td>
</tr>
</tbody>
</table>

3. Preparation and Administration

Topics covered in this Section:
- Recommendations for increasing effectiveness
- How PHOs can help
- Demographics and inequities
- Practice Management Systems and accurate data
- Minimising exclusions
- Limitations
- Updating the NCSP Register
- Use of alerts
- Recording ethnicity (how to set up the PMS to record up to three ethnicities)
- Resources for women
- Tracking progress
- Ensuring affordable smears
- Partnership with other services
- Role of the NCSP and Register

The smear takers who have contributed to this Guide consistently cited leadership, a team approach and dedicated time and resources, as key to success.

Recommendations for increasing effectiveness

- Leadership, team focus and a continuous improvement plan. See Appendix (ii) for a checklist of practices recommended for improving participation. Develop improvement strategies and review progress regularly.
- Allocation of resources for tasks associated with engagement, invitation and recall.
- Check screening histories of women booked for appointments so that smear takers can discuss and offer opportunistic smears where appropriate.
- Protocols to ensure a systematic approach are in place and reviewed regularly.
- Address barriers to access. See Section 1.3.
- Acknowledge and celebrate success.

Availability of female smear takers at low or no cost and at times that are convenient to women increases access to cervical screening for Maori, Pacific, Asian and women who are reluctant to have a smear.
The NSU has some funds to support nurses to train and become accredited smear takers. Smear Taker Training Grant Application Form: [http://www.nsu.govt.nz/health-professionals/2165.aspx](http://www.nsu.govt.nz/health-professionals/2165.aspx)


**Primary Health Organisations are able to help with:**

- Health promotion support
- Funding for free smears
- Professional development opportunities e.g. cell groups for practice nurses
- Expertise to set up Patient Management Systems and develop queries and reports
- Clinical expertise
- Communicating trends, comparisons and progress for whole populations, including high needs populations through data analysis and reports for practices
- The PHO Performance Programme (PPP) may provide financial incentives for success

### 3.1 Demographics and Inequities

How can practices raise awareness of how well they are doing? An understanding of the national target and how different regions are performing can be assisted through regular communication progress published on the NSU website.

DHB coverage by ethnicity in the three years ending 30 June 2014

Figure 3: NCSP coverage (%) of Māori women aged 25–69 years in the three years ending 30 June 2014 by district health board

Coverage rates for cervical screening are inequitable nationally and more so in Auckland. Low rates are evident for Māori, Pacific (except in Auckland DHB area where targets are achieved) and Asian, and the younger cohort and the older cohort of women.

Accurate ethnicity data is critical for the ability to target and monitor cervical screening.
How to demonstrate demographic profile of a cervical screening service

Query your enrolled population of women aged 20-69 by ethnicity and age.

The NZ Cervical Screening Strategic Plan 2010-2015 describes the target for all population groups as 80% of women to be screened in the previous 3-year period. The PPP target has been increased to align with the NSU target, as of January 2014.

Smear takers need to be aware of levels of participation for different groups of eligible women, and be able to track progress to increase accessibility for those groups.

Monthly coverage data is available at national, DHB, PHO and General Practice level for the total population and for Māori, Pacific, Asian and “Other”. This data is provided by 5-year age bands within the eligible age range. Coverage rates are calculated for all DHBs on hysterectomy-adjusted eligible populations estimated from the 2006 census. PHOs have a similar but different calculation which takes the actual enrolled population of women aged 20-69 and adjusts for hysterectomy rates. This may mean that coverage information between the PPP and NCSP Register may be slightly different.

<table>
<thead>
<tr>
<th>References</th>
</tr>
</thead>
</table>

### 3.2 Patient Management System

The Patient Management System (PMS) is only as accurate as the information recorded. Smear takers and PHOs have highlighted the importance of systems to ensure:

- Accurate contact details
- Recording all clinical information in the notes See appendix (xii) Clinical Smear Consultation Checklist
- Accurate and complete (up to three) ethnicities recorded
- Accurate coding of exclusion criteria (minimal exclusion and avoiding archiving women)
- Awareness of the limitations of PMS audit tools
- Updating NCSP Register
- Consistent use of alerts
Accurate contact details are generally entered by receptionists and checked at each opportunity. For cervical screening communication, confidentiality is particularly important and women will need their preferences recorded; letters, phone contact, or SMS. Many high needs families are very mobile, and it is recommended that (with consent from the woman) next of kin contacts are supplemented with extra family contacts to help ensure letters and phone calls/texts are effective.

Accurate ethnicity recording is a smear taker competency requirement and is covered separately in section 3.4. Both practices and smear takers have responsibilities for the quality of this information. The Ministry of Health has produced a toolkit to assist Primary Care audits of ethnicity data.

The Primary Care Ethnicity Data Audit Toolkit (Ministry of Health)


Accurate use of coding for exclusion.
Audits have shown up to 40% of eligible women are either not on the NCSP Register at all (never screened in New Zealand), or excluded from recall by the PMS. Criteria for exclusion are limited:

- Women under 20 and over 70 (and with previous normal smears)
- Women who have been referred to colposcopy and not yet referred back to the smear taker. **Note:** that it is still the smear taker’s responsibility to ensure women are followed up.
- Women who have completed and signed an NCSP Withdrawal Form and have also withdrawn formally from the Practice’s cervical screening process. **See Appendix (x)** for Withdrawal Form and Explanatory Notes.
- Women who have had a total hysterectomy (no longer have a cervix), and have a history of normal cytology results for at least 5 years before the hysterectomy
  
  **Note:** Background exclusions by the PMS based on Read Codes will not discriminate between women who have had a hysterectomy and need to continue smears and those who do not. **Audit is an opportunity to check and recall women as necessary. See Section 6:** Audit

Women who are under treatment which contraindicates cervical screening (treatment for serious medical or mental health problems)
Hysterectomy status

Not all women who have had a Total Hysterectomy are exempt from screening!

Management of women who have had hysterectomy can be complex, below is a guide as to who can be exempted from cervical screening, and who needs to have vault smears.

The smear taker will need to request the HPV test with the vault smear.

The smear taker should contact the NCSP register for a full screening history where there is uncertainty, or where there is the need to clarify a woman’s hysterectomy status.

<table>
<thead>
<tr>
<th>Situation</th>
<th>Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-total hysterectomy (cervix remains) for documented benign reasons</td>
<td>Routine screening as per these guidelines.</td>
</tr>
<tr>
<td>Total hysterectomy (removal of uterus and cervix) for documented benign reasons</td>
<td>Women who have a normal cytology/histology history in the 5 years preceding the hysterectomy do not require routine vaginal vault cytology. Women who have an unknown smear history should have baseline vaginal vault cytology. If this is normal, no further vaginal vault cytology is required.</td>
</tr>
<tr>
<td>Total hysterectomy previous CIN1</td>
<td>Women with histological evidence of CIN1 at any time in the past should have 3-yearly vaginal vault cytology until age 70 years.</td>
</tr>
<tr>
<td>Total hysterectomy previous CIN2 or CIN3</td>
<td>Guidelines for high grade abnormality apply.</td>
</tr>
<tr>
<td>Hysterectomy for genital malignancy</td>
<td>These women should be under ongoing surveillance from an oncologist. Therefore, they will be guided by this specialist about appropriate surveillance and care, and will no longer be the subject of these guidelines.</td>
</tr>
</tbody>
</table>

Using READ codes is a useful way to document hysterectomy history and management:

- Hysterectomy NEC #7E043.12
- Vault Smear #7E2A3.00

Consistent use of READ Coding and/or standardised screening outcome codes could help with ensuring correct management plans for this group of women.
Policy on minimising exclusion of eligible women

It is recommended that a general practice has a policy of minimising exclusions. Exclusion can prevent opportunities to revisit participation in the NCSP, and does not improve coverage rates for practices (excluded women are still counted in the denominator).

A policy on the use of standardised outcome codes with appropriate recall dates is recommended along with a policy of offering opportunistic cervical smear test when women attend for other consultations, as recommended by the NCSP.

PMS prompts for doctors and nurses to discuss cervical smears opportunistically with patients who default appointments are recommended.

Standardised outcome codes are useful to:

Avoid archiving eligible women (as per NCSP policies and standards) by ensuring codes have appropriate recall dates

Some practices use Read Codes along with screening outcomes.

Current NCSP Guideline Flowcharts are available online:

Guidelines for Cervical Screening in New Zealand Guidance on HPV Testing Update 1: April 2010  Pg 2-3:
Guidelines for Cervical Screening in New Zealand Pages 21, 24 and 27
Flowchart 1: Management of women with low-grade abnormalities: ASC-US or LSIL
Flowchart 2: Colposcopic assessment of ASC-US/LSIL and management of confirmed histology
Flowchart 3: Management of women with high-grade abnormalities
Delegation of Tasks:
Recalling women for routine smears is time consuming for nurses. Using a clinical administrator for recalls can be a good way to free up nurse time.

Example of delegation
A receptionist with noted interpersonal skills and enthusiasm was trained as a clinical administrator and further trained to use Dr Info and Recall Lists to identify women who are due for smears and to phone them. Delegation in this instance allows more time for the invitation and recall conversations.

Example of the benefit of not archiving
A nurse sent out an invitation to overdue women for a new, weekly, nurse-led clinic designed to complement funding for free smears. She also inadvertently sent the text to all women historically identified as non-responders. A large number of overdue women attended for their smear including the non-responders.

Recommendations for avoiding exceptions to recall

Non responders: Keep on the recall list, discuss and offer options. See Section 4.3. Ongoing efforts to identify the barriers to screening and suggestions for solutions are recommended for non-responders. Where appropriate, refer to outreach services.

Decliners: A small number of women may actively decline the smear that is currently due, or smears generally. NSU policies and standards recommend these women should not be archived. Respect the choice to decline. Create a task to review the decision from time to time (e.g. within six month intervals or when seen opportunistically) as circumstances and perceptions change. See Section 4.4 for definitions of Non-responders, Decliners and Withdrawers

Limitations of PMS audit tools:
- Under-screened and never screened women may fall through the gaps. Recent audit of a large group of practices confirmed 15% of eligible women enrolled with the PHO and the practices were not on the NCSP Register. 28% were on the Register but overdue. Of the overdue women, 18% had a previous abnormal smear.
- Recalls are not prioritised by previous cervical smear result e.g. High Grade, or Low Grade abnormalities.
Caution

PMS Recall and Audit Tools are not failsafe. They tend to exclude women who should be included. Prepare for regular Audits (data matching) against the NCSP Register. See Section 6.

Query Build to check for high needs women

See Section 8: Technical Tips: c) Query Build for high needs women by ethnicity

Updating the NCSP Register Recall System

The NCSP Register provides a back up to smear takers and women “drop off” recall from the Register if they do not respond to reminders. Make use of the monthly NCSP Register Due and Overdue reports and schedule time to communicate new information to the NCSP Register team. Unlike the PMS recall report, this shows previous smear history which is important for prioritisation of recall tasks.

Consistent Use of Alerts

Alerts are used for:

- Women who have not responded to invitations for a first smear
- Women who are overdue and have not responded to recalls
- Women who have declined to participate at any stage

Technical Tip

See Section 8 e) Creating an Alert

Whatever the reason for the alert, the message that comes up on the screen should:

- Be discreet
- Prompt a check of her notes and a private conversation to determine:
  - If she has previously declined, but time has passed. In this case she may like to confirm or revisit her choice.
  - If she is up to date and using an alternative smear taker
  - If she has concerns that you can talk through and might need more information
If she wants to know about alternative smear takers
If she prefer to talk to the nurse at another time
If she has just been busy but to make an appointment. In this case she might like to have an opportunistic smear straight away

*Note: Changing the date for recall for overdue women is common practice, but advice is to avoid this as the new date prevents the Patient Dashboard Recall and the recall tab in “Patient Manager” from registering overdue status.

3.3 Mandatory Reporting of Ethnicity

Accurate ethnicity is needed for reporting purposes so that practices, PHOs and DHBs can review and plan tailored strategies for high needs women.

Smear taker competency requirements include accurate ethnicity data to be transferred to laboratory request forms. In addition practices are responsible for ensuring that they collect and record patient ethnicity information as per the Ethnicity Data Protocols for the Health and Disability Sector (2004, update in 2009, see link below). In order to comply, first check:

<table>
<thead>
<tr>
<th>Mandatory Ethnicity Recording</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Ethnicity is recorded in the PMS</td>
</tr>
<tr>
<td>• The smear taker should confirm a woman’s ethnicity each time she is seen</td>
</tr>
<tr>
<td>• Where women self identify more than one ethnicity, “Click for More” and use the extra fields to record (up to three ethnicities can be recorded)</td>
</tr>
<tr>
<td>• All ethnicities recorded in the PMS are transferred to the automatically generated lab forms or are transferred manually to a laboratory form. See “Technical Tip” below.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Competency Standards and MoH Protocol</th>
</tr>
</thead>
<tbody>
<tr>
<td>“The smear taker demonstrates understanding of the importance of providing accurate ethnicity information – asks women to self identify ethnicity.”</td>
</tr>
</tbody>
</table>


Key Points:

- Ethnicity is self identified so the person concerned should identify their ethnic affiliation rather than anyone else
- A person can belong to more than one ethnic group
- The ethnicities with which a person identifies can change over time

Concepts related to ethnicity:

- Ancestry
- Culture
- Race
- Nationality
- Country of birth
- Citizenship

*It is important to note that while any of the above factors can be important in influencing a person’s ethnic affiliation, they do not necessarily determine a person’s ethnicity.*

Women self-identify their ethnicity or ethnicities by ticking boxes as shown on the practice enrolment form. Ethnicity is prioritised according to MoH protocol for reporting/funding purposes (this may not be the same as the preferred ethnicity). The standard ethnicity collection question below is generally included in the Patient enrolment form:

Source: Statistics NZ, 2001 Census
Requirements for the Laboratory

All ethnicities indicated by the woman should be recorded on the lab form as recommended by the NSU, or the form generated by your PMS. The laboratory shares this information with the NCSP Register which is the source of data for reporting and review of progress at national, regional and local levels.

Ideally ethnicity should be prioritised in accordance with the Ethnicity Data Protocols for the Health and Disability Sector.


Policies on Provision of Information

NCSP Policies and Standards Section 4. Standard 408.


Note: The “Primary” ethnicity recorded in the Profile system may not be the same as the “Prioritised” ethnicity according to MOH protocol. It is the “Prioritised” ethnicity that should be recorded on the laboratory form, unless the system has been set up to capture all ethnicities (up to three) which can be properly prioritised by the laboratory staff.

A common issue is that patients may have communicated their preferred ethnicity and may not understand why this may not be the same as the prioritised ethnicity on laboratory forms. This may need to be explained. The aim is to respect the patient’s communicated choice, whilst also ensuring prioritised ethnicity for reporting purposes.
3.4 Resources

Pamphlets and posters are available from the NSU in English and a range of other languages. Display these in the practice waiting room as well as clinical spaces. Encourage community agencies to display posters and information in non-clinical settings.

Policies on Provision of Information


“Information about screening, the NCSP and enrolment on the NCSP must be presented to women in a language and manner that is culturally appropriate.”

Examples

- Practices have created their own posters for the Waiting Room to advertise Free Smears.
- The Practice Team wear T shirts designed to promote cervical screening, one day each week.
- Display of NSU Posters and resources

See Appendix (xiii) for examples of translated invitation and letters.

Order or download from the National Screening Unit website:
“Preventing Cervical Cancer: a guide for women in NZ” and
“What Women Need to Know”
http://www.nsu.govt.nz/health-professionals/5259.aspx

Resources in English, translated posters and brochures
http://www.nsu.govt.nz/health-professionals/1843.aspx
Reports http://www.nsu.govt.nz/health-professionals/1069.aspx
3.5 Keeping Track of Progress

Some Practices provide incentives for improvement; competitions, team treats and financial incentives. Targets are important, but mostly teams want to do the best for all their eligible women, and quality improvement strategies aimed at women most at risk are evident across the region.

Some PHOs set targets for practices to keep track of trends and performance, with quarterly measures. These can be printed off and displayed in the staff room.

Performance Improvement is part of normal business for service providers. With regard to cervical screening, see:

- Example of a Self-Auditing Tool: See BPAC article in Appendix (ii)
- Examples of Feedback Forms are provided in Appendix (ii)
**Incentivising Nurse Smear takers**

Examples of incentives often target the whole team, based on the achievement of shared goals which require everyone to be promoting cervical screening understanding and participation. An additional incentive for the nurses that actually take the smears, however, has proven effective in increasing participation rates.

<table>
<thead>
<tr>
<th>Recommendation: Financial Incentives for Nurse Smear Takers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incentive payments to encourage health professionals to increase rates of participation for all ethnicities have been delivered historically through the PPP (Primary Care Performance Programme) and are now part of the Integrated Performance Incentive Framework (IPIF).</td>
</tr>
<tr>
<td>The IPIF incentive for reaching the Cervical Screening target of 80 percent represents 25% of the possible incentive payment. This payment is shared between the PHO and the General Practices and could be passed on to the nurse smear takers.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ideas and examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Pacifica Practice dedicated funding to increase the participation of priority women (Pacific, Maori, Asian and aged 20-69 and any woman aged 30-69 who has never had a smear or has not had one in the last five years).</td>
</tr>
<tr>
<td>A bonus payment was made to smear taker nurses who exceeded a baseline of smears per month. All smears taken in excess of that baseline generated a $10 payment per smear.</td>
</tr>
<tr>
<td>In a three month period, the number of smears taken was almost three times the number taken during the same three months of the previous year.</td>
</tr>
<tr>
<td>The practice manager was responsible for measuring and rewarding the smear taking nurses. The nurses demonstrated commitment to improving cervical screening rates despite the impact of the extra workload on their normal nursing duties however the additional workload which shifted on to the nurses’ colleagues was noted as a disadvantage.</td>
</tr>
<tr>
<td>This practice had support through access to a community health team with the ability to promote, refer women and to conduct home visits with a smear taker.</td>
</tr>
<tr>
<td>Being able to converse and provide information in the Pacific women’s first language was an advantage.</td>
</tr>
</tbody>
</table>
### 3.6 Affordability

Anecdotally, the range of costs to women is significant and difficult to justify. Because of the advertisements on TV, and the fact that mammography is free, women may think smear tests are free as well. Where there is a cost, this needs to be kept as low as possible and communicated in advance. Most surgeries charge less if a nurse takes the smear than if it is taken by a doctor.

There are practices, who do not charge anyone for cervical smears. This may be a PHO wide policy, or a practice decision.

<table>
<thead>
<tr>
<th>Strategies that reduce cost to women</th>
</tr>
</thead>
<tbody>
<tr>
<td>From the 14 Practices involved in the development of this resource, a range of examples have been provided.</td>
</tr>
<tr>
<td>- VCLA (Very Low Cost Access) practices have higher capitation rates and lower consultation fees ($17.50 for an adult), The Ministry of Health website and the NCSP Guidelines advise that the normal standard consultation fee is appropriate for taking a smear. VCLA practices are also likely to access funds to enable free smears for high needs women, or for all women in their practice.</td>
</tr>
<tr>
<td>- A General Practitioner working in a community with a range of ethnicities and low incomes interviewed for this resource extends the offer of free smears to all women eligible by age: “No woman should ever have to pay for a smear”.</td>
</tr>
<tr>
<td>- Free Smears have been funded through the NSU/DHB/PHO initiatives, SIA or Flexible funding. Where available this has led to:</td>
</tr>
<tr>
<td>- Promoting free smears for “high needs” women using posters in the waiting room advertising free smears “for a limited time only”</td>
</tr>
<tr>
<td>- Offering smears as part of a well woman check where the cost is restricted to normal consultation cost</td>
</tr>
<tr>
<td>- Offering reduced or free service through the smear-taking nurse opportunistically following an appointment with the doctor</td>
</tr>
<tr>
<td>- Avoid unnecessary early re-screening. (Some practices have been routinely recalling 2 yearly).</td>
</tr>
<tr>
<td>- Women who do not meet criteria for “high need” at all practices can be sent tailored recalls* which communicate low cost options</td>
</tr>
<tr>
<td>- Practices provide information about alternative smear taking** services that are free or low cost along with the invitation/recall letter.***</td>
</tr>
<tr>
<td>- There are practices that never charge any women for smears. These are generally but not always funded either through contracts with the DHB or partnership with an ISP. Where this is not possible, often costs are kept to the minimum for women attending practices where there are:</td>
</tr>
</tbody>
</table>

---

*Updated Jan 2015*
The “How to Guide” for Primary Care (Profile) Auckland Regional Cervical Screening Project March 2014

- No extra charges related to equipment
- No extra charge for out of hours smears
- Cheaper options through nurse led clinics
- No “double appointment” requirement unless requested for multiple issues
- No administration charges related to cervical smears

* See Section 8.8: PMS Technical Tips g) Creating a Tailored Letter or Invitation.
** See Appendix (iii) “List of Alternative Providers in The Auckland Region”
*** See Section 8.5 PMS Technical Tips: How to add a list of alternative providers to the Outbox.

Practices normally do not charge more than their usual consultation fee. Liquid Based Cytology equipment is supplied to surgeries free of charge and the small cost of a speculum is not normally passed on. If the surgery does charge any additional fees, these should be communicated in advance and itemised separately from the consultation fee on the bill.

Women have reported unexpected and unnecessary costs

- A charge of $85 for a woman who expected smears to be free, as for mammograms
- A woman recalled by her general practice for her regular smear chose to go to Family Planning, where the nurse was puzzled because the NCSP Register Regional Team confirmed that she was not due for another year. The woman asked the FPA nurse to phone her General Practice to sort this out. The General Practice nurse explained that they routinely invited women at two years rather than three (early re-screening).
- Being charged for Thin Prep, and other equipment
- Being charged for referral to colposcopy services

3.7 Partnership with Other Services

In many practices, female smear takers are not available to women wanting smear tests in the evenings or at weekends. Practices can increase participation rates through partnership with Independent Service Providers (ISPs) and Family Planning who provide low cost services, flexible clinic times to suit working women and “drop-in” clinics.

It is acknowledged that keeping track of the smears taken elsewhere takes time. This needs to be factored into service planning within each practice.
## Recommendations for increasing access

Invitation and Recall letters include detailed local information about affordable/free, flexible and out of hours (evenings and weekend) clinics with female smear takers at all times, at a range of accessible locations.

**See Appendix (iii) “Alternative Providers across the Auckland region”**

## Examples of Partnership for increased participation:

- Partnering with Pacific Churches to improve the way information is made available to women
- Partnership with BreastScreen Aotearoa and Cervical Screening Health promotion and Mobile Services to organise pamper days where both checks are available, at the weekend, and at a community venue
- Partnership with Independent Service Providers to provide outreach services and transport for women who have difficulty getting to services
- Working with Māori and Pacific ISP health promoters to arrange updates for staff on culturally appropriate cervical screening service delivery. E.g. Raukura Hauora O Tamaki providing cultural advice as part of Family Planning’s training for smear takers.

If a woman chooses to go elsewhere for a smear, this still counts in terms of her family doctor’s practice coverage rate. Most women give permission for their doctor to receive a copy of the results, but this relies on accurate contact information being provided by the woman. Recall is the responsibility of the current smear-taker. Regular audit of data with the NCSP Register will show all the women who are actually up to date, but going elsewhere. **See Section 6: Audit.**

If a woman going elsewhere becomes overdue, her previous smear taker is responsible for recall, but there is no reason why the general practice cannot check with the woman and remind her that she is overdue.
3.8 Role of the NCSP and Register

The NCSP Register is a computer system which holds the details of women enrolled in the programme as well as details of smear takers, specialists and laboratories. To contact free-phone 0800 729 729. It has a range of functions:

Support for Invitation and Recall

Invitation and recall are the responsibility of the general practice (initial invitation) and the current smear-taker (recall). As a back up, the Register will contact women when they are overdue. Letters will be sent directly from the Register if a woman becomes overdue. For women with a normal history, these letters are generated at 6 and 9 months past the due date. For women who are on annual recall, the letters are sent at 3 and 6 months past the due date.

The Register generates monthly “Due and Overdue” lists for each smear taker facility. Women with previous abnormal cervical smear history are at the top of the list. If the woman has recently been for a smear, they may still be on that list, so checking against each woman’s notes will eliminate unnecessary recalls.

The Regional Register provides individual smear histories on request.

The Regional Register can provide a data-match for all women enrolled in the practice and who are eligible to participate in the programme but are not on the register. This will show women who have never participated but are eligible by age. Women who are registered but overdue can be shown by age and ethnicity, and by screening history, so those most at risk can be prioritised for urgent attention. See Section 6: Audit.

Coverage Data

Monthly coverage data at DHB level is available on the NSU website. This is provided each quarter for the previous three months. It is reported by age-band (5 year) and ethnicity (Māori, Pacific, Asian and Other). The numerator is taken from the Register, and the denominator derived from Census 2006 estimated population statistics adjusted for an estimate of women who have had a hysterectomy for any reason.

The Register numerator is also used by DHB Shared Services to create PHO reports (PPP reports) against targets for their enrolled populations (general and high needs populations). However these give different coverage results because of their different denominators. The PPP reports are probably more directly relevant to practice screening activity.

The reports can be used to compare achievements across different regions and localities, at PHO level and general practice level.
Annual Adequacy of Smears Reports

The NCSP Register provides personalised reports on each smear taker’s percentage of smears that have yielded sufficient cells for cytology. The acceptable upper limit of “insufficient” smears is less than 5.0%.

Cervical Screening History Reports for individual Women

A cervical screening history can be requested. This includes situations where a woman is new to the general practice as the details of her history will not be electronically transferred. Contact the NCSP Register Tel: 09-630 9943 X: 27827 | Fax: 0800 500 513 | Mobile: 021 893768 | Email: HadirE@adhb.govt.nz

Workforce Development

The Programme contributes to smear taker workforce development through:

- Providing Policies and Standards for service providers
  
  http://www.nsu.govt.nz/health-professionals/2165.aspx

- Smear Taker Competencies
  

- Smear Taker Training Grant Applications:
  

- Monitoring and reviewing activities. Where improved standards are introduced, these are communicated to the sector through monitoring reports.

- Quality of smear reports for smear takers

- Smear taker updates – a short (2 hour) course providing continuing education information to registered smear takers.
4. Inviting and Recalling Women for Smears

**Topics covered in this Section:**
- Recommendations for effective teams
- Consideration of the needs of Culturally and Linguistically Diverse (CALD) women
- Invitations (young women and women new to New Zealand)
- Critical note: overseas cervical screening history
- Recall (recommendations and examples for tailored letters)
- Limitations of PMS recall and clinical risk
- Limitations of the NCSP Register monthly recall lists
- Non-responders, decliners and withdrawals (chart showing the range of actions, appearance on audit lists, and impact on coverage rates)

Invitation and recall activities are key to managing cervical screening. Leadership, a systematic approach, and teamwork are essential.

<table>
<thead>
<tr>
<th>Recommendations for effective teams:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Allocate responsibility. For smaller practices there will be one person taking the lead as well as attending to the recalls and invitations. For larger practices, tasks will be allocated to different staff</td>
</tr>
<tr>
<td>• Document, provide training and monitor invitation and recall processes.</td>
</tr>
<tr>
<td>• Minimise exclusion coding through policy and processes, and provide clear instructions for when and how to use Alerts</td>
</tr>
<tr>
<td>• Team meetings can be used to regularly provide positive feedback and to highlight problems and solutions. Cervical Screening can be an ongoing agenda item for team meetings</td>
</tr>
</tbody>
</table>

Culturally and Linguistically Diverse (CALD) women need a tailored approach to Invitation and Recall

<table>
<thead>
<tr>
<th>Recommendations:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Translation of standardised information is ideally sourced from the National Cervical Screening Programme.</td>
</tr>
<tr>
<td>• Depending on the women’s language capability and the smear taker’s language support options, it may be useful to use the telephone service of the Primary Health Interpreting Service to book/confirm appointments with women; to remind clients about their appointments; or provide</td>
</tr>
</tbody>
</table>
results that are not positive over the phone; etc
- Translators are available. An 0800 number and a speaker phone are necessary.

<table>
<thead>
<tr>
<th>DHB</th>
<th>Phone Number</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auckland DHB</td>
<td>0800 559 555</td>
<td><a href="mailto:PHIP@adhb.govt.nz">PHIP@adhb.govt.nz</a></td>
</tr>
<tr>
<td>Counties Manukau DHB</td>
<td>(09) 276 0041</td>
<td><a href="mailto:its@cmdhb.org.nz">its@cmdhb.org.nz</a></td>
</tr>
<tr>
<td>Waitemata DHB</td>
<td>0800 887 765</td>
<td><a href="mailto:watis@waitematadhb.govt.nz">watis@waitematadhb.govt.nz</a></td>
</tr>
<tr>
<td>Language Line</td>
<td><a href="http://www.languageline.govt.nz">www.languageline.govt.nz</a> 0800 656 656</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Alternatively, Google Translate has been recommended: [http://translate.google.co.nz/](http://translate.google.co.nz/)

### 4.1 Invitations

Invitations to participate in the cervical screening programme are made to young women turning 20, women who are eligible but have never been screened, and women who are new to New Zealand (aged 20 – 69 years of age).

#### Information for Invitees

The “What Women Need to Know” pamphlet should be given to all women when they have their first smear and/or join the programme. These are now available in a range of languages for download from the NSU website [http://www.nsu.govt.nz/current-nsu-programmes/5275.aspx](http://www.nsu.govt.nz/current-nsu-programmes/5275.aspx)

“Prevention of Cervical Cancer – A guide for women in New Zealand” should be given to all women in NZ as this resource contains more detailed information about the NCSP and the legislation that underpins policies and standards


Note: Women under 20 years of age must not be invited for a smear. See Section 7.4

### References

- **Guidelines for Cervical Screening in New Zealand. Page 12.**
- NSU Screening Matters March 2007
Inviting Young Women:

The Recall Contact List generated by the PMS automatically includes young women aged 20. 

Recommendation for contacting young women:

- Use personalised communications that have a positive tone, for each woman. This can be a phone call, or a letter, tailored for different women.
- Use alternative communications where the young woman is unmarried and of a culture where it is shameful to be sexually active before marriage.
- Communicate the message that cervical screening is not necessary if a woman has never been sexually active.
- Phone calls that are private are preferable, but where letters are used, the wording should acknowledge the young woman may not yet be sexually active, and encourage her to contact the practice nurse for a confidential conversation and more information.
- Keep on the recall list until there is a response, as there is no automatic recall scheduled in the PMS until the first smear result has been entered.
- An alert can be placed on the file so that offers of information can be made when the young woman comes to the clinic and is unaccompanied.

Example of graphic for invitations to young women

This image was printed in colour on the bottom of A4 letterhead paper, ready to be used for letters to young women. See Appendix (xiii) for example of invitation.

Note: the example above proved effective, but was not appropriate for all young women in the practice.
Inviting women who are eligible, but have never participated and women who are new to New Zealand:

Migrant women may be up to date, and if they return to their country of origin regularly, may continue to use overseas health services with which they are familiar. Alternatively, they may be under-screened or never-screened. Regular audit of eligible women will confirm who needs to be offered information and invitation. See Section 6: Audit.

The PMS dashboard or an alert will prompt the nurse and doctor to find out if a migrant woman needs a smear. She may need information in her own language about the New Zealand health system as well as about cervical screening. In Auckland there are Chinese and Korean cervical screening health promoters speaking Chinese, Mandarin and Korean available through the Well Women and Family Trust.

09-846 7886 xtn 707 (Korean)
09-846 7886 xtn 711 (Cantonese/Mandarin)

See Section 4.1 for access to translation services.

Women who move overseas for several years may “drop off” the NCSP Register for recall. Their smear history is kept within the NCSP Register and on return they will be recognised as returning to the programme and an annual follow up smear date will be logged even if their interim smears have all been normal.

---

<table>
<thead>
<tr>
<th>Overseas Cervical Screening History</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where a woman provides overseas history relevant to her cervical smear status, this can cause frustration for clinicians who provide that history on the lab form and then expect this information to determine the next due date for recall (and be transferred to the NCSP Register).</td>
</tr>
</tbody>
</table>

The overseas cervical screening history must be provided directly to the NCSP Register as well as on the laboratory request form as. This will ensure clinical details are recorded in the woman’s medical notes held on the Register. This information is not automatically transferred between the Laboratory and the NCSP Register. Overseas cervical history does not determine the timeframe for recall or whether HPV testing will be undertaken at the laboratory. Only NZ history is considered for these purposes usually.

The smear taker is responsible for recommending the recall date for a woman and scheduling the appropriate follow up in the PMS. Therefore this could be in conflict with that provided by a laboratory.

To avoid clinical error, a task to follow up should be made in the PMS as a reminder to review the recall date when the result has is received. |
Cost of HPV test to women from overseas:
Where a woman with an overseas history of abnormal smears wants to have an HPV test as per the New Zealand NCSP Guidelines, this will not be funded and she will bear the cost herself for this test.

Examples of useful resources:
- Appropriate, translated resources. See Section 1.7 for link to online resources
- Translated letters of invitation. See Appendix (xiii) for examples
- Using translators to help with verbal communication. 0800 number and speaker phone are necessary.
  - Auckland DHB Phone 0800 559 555 email PHIP@adhb.govt.nz
  - Counties Manukau DHB Phone (09) 276 0041 email its@cmdhb.org.nz
  - Waitemata DHB Phone 0800 887 765 email watis@waitmatadhb.govt.nz
- Google Translate http://translate.google.co.nz/

4.2 Recall
The NCSP Guidelines require three attempts at intervals over six months from the recall date for women with normal history who are due for a routine smear. Where women are on annual recall, three attempts are required within three months of their recall date.

Some smear takers use a mix of phone calls to a landline, texts, and letters. Some send three consecutive, but slightly differently worded letters. Sending personalised letters is an effective option, and it makes sense to consider how best to design the letters in terms of appearance, tone and information provided, to get the best response.
Sample Scripts:

SAMPLE script for recall with:
- non-responders
- women who have been identified as having their previous smear elsewhere and are now overdue

“Well done for looking after yourself and having smear tests in the past. I really want to support you to continue and to have your next smear. I realise you have a busy life and it is hard to find the time and I want to help make sure your smear is as convenient and comfortable as possible.

I can take your smear myself or you can see the doctor here, or I can give you information about other smear takers. (If your surgery can offer out of hours options, drop in, free smears etc. provide woman with that information)

At this point the woman may say she has had her smear done elsewhere. If so, tell her that’s fine, it just had not been recorded on the system at the surgery.

What would you prefer?”

Possible responses:
If the woman clearly has been intending to get around to it – great. Cost is an issue for many women. Tell her the cost and itemise extras if this is more than the usual single consultation fee. If it is cheaper to see a nurse smear taker, tell her. If it is cheaper to go somewhere else, tell her.

If the woman is reluctant, reassure her that many women are hesitant but that you take extra care to ensure her comfort and would like to show her it can be a positive experience.

If she prefers to go elsewhere for whatever reason, encourage her by going over the options she has and sending her the one-page list of alternatives.

SAMPLE script for recall when a woman has previously declined.

“I realise you have previously chosen to decline cervical smears and I respect your choice – and you don’t get bothered by the usual recall letters. However, because women sometimes change their minds, and because I am your healthcare provider, I do need to check with you from time to time. I also need to make sure you know there are alternative services that you can use, and I would be pleased to give you information about those.”
Example of using the opportunity where a woman does not want her smear that day.

From a smear taking nurse: “Often a woman is just not feeling well enough to take up the offer of an opportunistic smear, so I keep an education kit on my desk and just talk with her. What does she understand about the process?

The brush is there, and I show her what it feels like. I get her to make a fist and see how her hand mimics her cervix, and then I show her how we collect the cells. I have a little drawing of the uterus and cervix so that she understands the location. I reassure her about privacy and confidentiality. I talk to her about the cervical smear programme and give her the pamphlet to take away.”

This is going back to the importance of building trust and a relationship so that the woman is more likely to make an appointment for a smear and to be more confident that the process will be less uncomfortable than she might have imagined.

Recommendations for Recall Letters:

- Avoid envelopes with windows as they may look like a bill. Coloured envelopes have been recommended
- If you do use an envelope with a window, make sure only the woman’s name and address are visible
- Use different coloured images to brighten up the letters, and tailored messages for: Young women, Pacific women, Māori women, Asian women, Working women; mothers and working outside the home and for promotional initiatives such as Mothers’ Day, Cervical Screening Month

It is recommended that images be checked with the target group. Copy the images in colour to the bottom of letterhead paper (see example below) and include information about alternative services. See Appendix (iii) “Alternative Providers across the Auckland Region”
**Tailored Letters**

The letters can be tailored so that, sequential letters have different messages. It is important to keep messages positive, personalised and clearly describe costs and choices available. Here is a letter tailored for a woman who has already had a smear and is now overdue according the NCSP Register:

Date

Dear (preferred name),

**Three yearly Cervical Screening: Your best protection against cervical cancer**

Well done for looking after yourself and having smear tests in the past. It looks like you might be overdue and we really want to support you to get this smear. We know that women have busy lives and it’s hard to find the time, but your health is important to us and to your family.

We hope to make having a smear as convenient and as comfortable for you as possible. I can take the smear myself, or you can see the doctor and the smear test will cost $XX. Please contact me to make an appointment Monday-Friday and remember we have a Saturday morning drop in surgery with a nurse smear taker as well as a doctor available.

Other services may have clinic times and locations that suit you better, and I am enclosing some information. If you choose to go elsewhere for a smear, that’s fine. I look forward to hearing from you.

Kind Regards

Name of Smear-taker Nurse
Name of Practice

See Appendix (xiii) for other examples.
Recall is the responsibility of the current smear taker. Women who are attending alternative services will be recalled by that service. However, where an audit confirms that a woman is overdue, most practices would advise that a letter be sent to check if she would prefer to come in to the surgery, or chooses to go elsewhere.

General practices and alternative smear-taking services use a range of tools for recall:

- The Recall Contact List
- The NCSP Register monthly Due and Overdue Lists
- PMS Query Builds can identify high needs women for priority recall. See Section 8: Technical Tips
- Audits (data matching of all enrolled women aged 20-69) using the NCSP Register to identify women who have never had a smear in New Zealand, as well as all women who are overdue and their smear history. See Section 6.

**Work with the NCSP Register Monthly Due and Overdue Report**

Use the NCSP Register monthly Due and Overdue List as back up to PMS recall process, and update the Register where the information there is out of date e.g. clinical notes and new contact details. Tel: 09-630 9943 X: 27827 | Fax: 0800 500 513 | Mobile: 021 893768 | Email: HadirE@adhb.govt.nz

**Recall and Task Manager: Refer to the Section 8 Technical Tips**

**Limitations of PMS Recall**

Women who have been excluded will not be included in the PMS Recall list. In addition, young women and new women who have been invited to participate but have not yet had their first smear will not have a recall date. An audit provides an opportunity to review, up-date notes and schedule appropriate recalls.

**Clinical Risk**

PMS coding may exempt women who have had any kind of hysterectomy including women who are still eligible for smears. Sub-total hysterectomies are relatively common at around 20%.

Women who have had a subtotal hysterectomy need to continue to have cervical smear tests. In the absence of notes to confirm the details it is important to examine the woman
to determine her future requirements.

Women who have had a total hysterectomy and no longer have a cervix may need to continue to have vault smear tests. Reasons for this include:

- A history of abnormal cell changes confirmed by biopsy
- Cervical abnormalities found at the time of surgery
- Having had the hysterectomy because of abnormal cells or cervical cancer

Minimise and standardise exceptions

There are not many valid reasons for exempting women, and exemption codes need to be used cautiously and consistently. See Section 3.2 for valid exemptions

Limitations of the NCSP Register monthly recall lists:

Women with a normal smear history who do not respond to recall disappear from their smear takers’ overdue reports after three consecutive monthly reports. These lists therefore may only contain a proportion of women who are actually overdue.

A reminder is generated by the NCSP Register at six and nine months after their due date for a smear (and at three and six months after the due date if they are on annual recall). Women who do not have a smear following these reminders remain on the NCSP Register, but the NCSP Register does not contact them again unless and until they have another smear taken.

Clinical judgment for ongoing care or referral is paramount.

Below are examples of situations requiring clinical judgment to take precedence over the NCSP guidelines for recall.

The NCSP Guidelines are not Rules.

Clinical judgment takes precedence:

- If a smear taker’s visual assessment of the cervix raises concern, but the smear comes back with a normal result, the clinical assessment should take precedence and active management of follow up is indicated
- Continuity of Care: Where a visual abnormality is noted on examination, follow up examination by the same smear taker is advised. The smear test may provide a normal result, and schedule recall accordingly, therefore the smear taker should create a task on the PMS to check and schedule a more appropriate date for follow up.
- Smears taken overseas are recorded on the New Zealand NCSP Register when this
information is provided by a smear taker or the woman herself. The smear taker asks for previous history from the woman, and may need to organise an interpreter. See Section 1.2. Where information related to a previous abnormal smear overseas is available, the woman will be actively managed by her New Zealand smear taker because the automatically-generated screening interval based on the history recorded on the NCSP Register will not necessarily be appropriate. (See critical note on page 36)

4.3 DNAs

Practices often already know who has difficulty in keeping appointments.

Minimising “Did Not Attend” (DNAs):

- Engage with the woman and demonstrate an understanding of her needs and her situation
- For difficulties with transport and childcare, offer to arrange support from the Independent Service Providers in your region at the first opportunity, rather than waiting until a woman is significantly overdue
- Communicate options that may be more convenient, or cheaper, or meet the need for choice of smear taker. See Appendix (iii)
- Opportunistic smears may be acceptable. See Section 5. Opportunistic Screening
- Offer “Drop In” Clinics.

4.4 Women Who do not Participate

There are different terms in use for women who do not participate in the cervical screening programme:

- Non-Responders
- Decliners
- Withdrawals (Women have to do this, smear takers cannot do it for them)

Non-Responders:

The legal obligation for the current smear taker is to make three offers for recall but for non-responders, it is recommended that further efforts are made until a response is received.

Recommendations for PMS actions for non-responders.

Check screening status for an individual woman through the regional NCSP Register (0800 500 513). An Audit (data matching) for your entire enrolled population of women aged 20-69 will provide an update of all eligible women as known to the Register. Non-responders who have been elsewhere will be shown. See Section 6: Audit.
When a woman is overdue for her smear, the best approach is to phone, provide information, and talk through her preferences.

The next best approach is to provide an opportunity for a conversation when she attends the clinic for other reasons, and offer to provide a smear test while she is in the surgery. See Section 5: Opportunistic Smears. The Patient Dashboard and the Alert system will highlight women who are overdue.

Caution is recommended where a non-responding overdue woman is “put on annual recall”. This will push out her recall date and the Patient Dashboard Recall function will not be highlighted in red. In addition, the recall tab in “Patient Manager” will not register (red). The Cervical Screening Dashboard function should still highlight the overdue status as it is based on the date of the previous smear.

It is recommended that a non responder is kept on the current recall list until a smear is taken. The date range of this list will need to be adjusted accordingly. Creating an alert with a message of the woman’s previous date of smear test is often done at the same time. Where alerts are often overlooked, clinicians may need regular reminders to check all alerts and the use of BLOCK CAPITALS has been found useful to make the cervical screening alerts stand out. See Section 8: Technical Tips e) Creating an alert.

Ongoing efforts to contact a non-responding woman may lead to a conversation which helps the smear-taker understand the woman’s perspective and situation. The smear taker may offer further explanation of benefits and risks, and information about how the smear test can be organised to best meet the woman’s needs, including offering information about the Independent Service Providers and Family Planning Clinics See Appendix (iii).

If the woman owes money at the clinic she may need reassurance that this is not a barrier.

**Women who have smears taken elsewhere:**

A woman who has chosen to go elsewhere will continue to appear in lists generated through the PMS for recall. When the practice initiates an Audit (data match) against the NCSP Register, the women who have had a smear elsewhere will show up. Recall is the responsibility of the current smear taker, but if a woman is overdue by more than six months, a practice recall or an alert on the PMS can be useful as a reminder to send an invitation, or to check her preference for ongoing smears.

Note: A smear done elsewhere still counts in terms of your practice coverage as the smear is reported by the woman’s NHI and her enrolled PHO and general practice.

**Women who do not attend (DNAs):**

Practices often know which patients are likely to DNA, but may not know if there has been a chance of address or contact details. Each point of contact to be an opportunity to check for current mobile, landline, and address details. If possible, ask rather than just show existing
details, as people may not be able to read, and may affirm details presented to them, when actually they need to be changed.

Decliners:

Decliners are women who communicate they are not interested in having a smear or smears in general. The guidelines, policies and standards describe obligations in respect of a) respecting their wishes to avoid communications and b) respecting their right to change their mind.

“Decliners” are not the same as “non responders”. Decliners communicate clearly that they do not want a smear test and provide their reasons. Their right to choose not to have a smear test is paramount, and is respected. The nurse or doctor will check with decliners occasionally as their situation and choice may change.

Most decliners will appear on audited lists of eligible women who are overdue and they may receive further invitations if it is time to check their choice. A tailored recall letter or a phone call is appropriate rather than a standard letter. See Appendix (xiii).

If the NCSP Register has been asked to formally note that the woman “declined further smears” the woman will not appear on an Audit (data match) against the Register data, and the opportunity to revisit her decision would be lost.

<table>
<thead>
<tr>
<th>Recommendations for communicating with Decliners:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Show that you respect their decision</td>
</tr>
<tr>
<td>• “Leave the door open”: Explain that they are able to change their mind at any time and they are welcome to talk again about their options</td>
</tr>
<tr>
<td>• Explain your responsibility as their primary health care provider is to check with them from time to time and provide them with information</td>
</tr>
<tr>
<td>• Explain that you will put a note in their file to minimise invitations and recalls</td>
</tr>
</tbody>
</table>

The “How to Guide” for Primary Care (Profile) Auckland Regional Cervical Screening Project March 2014
Examples of smear-taker approaches to women who decline a smear.

“I might have a conversation to learn more about their past experience, or why they feel it is not relevant. I’m not going to pressure them, but can offer information about the benefits and also about the way the smear can be done to make it as comfortable as possible.”

“Women may not want me to do the smear, so I make sure they know they have choices; there is another nurse here (a Pasifika nurse), or they can go to another smear taking service”

“I show that I respect their decision and tell them my door is always open should they ever want to talk about it.”

Withdrawals:

When a woman wishes to cease her NCSP- Registration formally, she can complete the withdrawal form. She must do this herself; her smear taker cannot do it for her. Formal withdrawal does not prevent her from registering again at a later date. Withdrawal from the NCSP might not mean that she does not want to have regular smear tests. It does mean that she does not want her cervical screening information to be shared with the NCSP. Her ongoing cervical screening becomes her own responsibility and that of her chosen smear taker.

Coding for withdrawal is a valid exclusion code which removes a woman’s details and history from the NCSP Register, thus preventing her appearing on future recall lists. Any future smear tests will be organised through PMS tasks and notes in her file.

Women can re-enrol at any time, but once they have withdrawn their historical information will no longer be on the NCSP Register.

See Appendices (x) and (xi) for withdrawal and re-enrolment information sheets and forms.

National Cervical Screening Programme Policy

Practices must have a system for identifying women who have advised that they do not wish to participate in the NCSP and do not wish to be contacted again. Standard 4.35

## Clarification of Different Categories for Participation

<table>
<thead>
<tr>
<th>Non Responder</th>
<th>Decliner (declines smears)</th>
<th>Withdrawer (from Register)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Smear Taker Action:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Check with the NCSP-R to see if a smear has been provided through another service. If not:</td>
<td>If appropriate, the woman is referred to an alternative service, based on her preference or</td>
<td>The information sheets and the NCSP-R withdrawal form are provided to the woman and sent to the NCSP-R</td>
</tr>
<tr>
<td>a) The woman remains on the active recall list until she has a smear. This may require referral to alternative service based on reason for delay, or</td>
<td>The woman’s decision not to have a smear is respected.</td>
<td>The woman does this for herself; her smear taker cannot do it for her.</td>
</tr>
<tr>
<td>b) An alert is generated with a note for opportunistic follow-up, and an annual recall is scheduled.</td>
<td>NCSP Register can be updated by the woman herself or a smear taker.</td>
<td>The responsibility for the woman’s cervical screening shared between her and her smear taker.</td>
</tr>
<tr>
<td>The woman is informed that she has been placed on annual recall because she has not responded.</td>
<td>The woman is periodically asked if she wishes to resume screening.</td>
<td>The woman is aware she can “opt on” and if she does, the relevant form is provided.</td>
</tr>
<tr>
<td><strong>NCSP-R Action:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recall letters are generated at six and nine months after the due date (for normal history) and at three and six months (abnormal history).</td>
<td>If no smear is taken as a result of recall letters, no further recall letters are generated unless and until a smear is taken and the result sent to the Register from the Lab.</td>
<td>All historical information stored in the Register is deleted and a letter confirming this is sent to the woman.</td>
</tr>
<tr>
<td>If there is no response the woman “drops off” the NCSP recall system unless and until a future smear result is sent to the Register.</td>
<td>Exceptions to the above require a written request and case-by-case review by the Clinical Leader of the NCSP.</td>
<td>Her smears are processed by a Laboratory, and her results are not shared with the NCSP-R</td>
</tr>
<tr>
<td>The woman’s records remain on the Register.</td>
<td>The woman’s records remain on the Register</td>
<td>The woman can opt on again, through completing the appropriate NCSP-R form. Her previous history will not be available on the register.</td>
</tr>
<tr>
<td><strong>NCSP-R &amp; PHO Audit</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Will appear on the overdue list for prioritised recall</td>
<td>Will appear on the overdue list for recall (unless the “Decline” was recorded on the Register)</td>
<td>Will not appear on the overdue list</td>
</tr>
</tbody>
</table>

### Impact on Coverage Rates
- “Withdrawals” are excluded from the numerator
- All three categories are included within the denominator.
- The more women in these categories, the lower the coverage rate.
5. Opportunistic Screening

**Topics covered in this Section:**
- Opportunistic conversations
- Opportunistic smears
- Examples of approaches that have been effective

Consultation with practices has confirmed two separate opportunistic screening activities which require time, space and privacy:

- Opportunistic conversations
- Opportunistic smear taking

Please note the need to use interpreters when working with non-English speaking women. Telephone interpreting can be made available within 10 minutes.

Auckland DHB Phone 0800 559 555 email PHIP@adhb.govt.nz
Counties Manukau DHB Phone (09) 276 0041 email its@cmdhb.org.nz
Waitemata DHB Phone 0800 887 765 email watis@waitematadhb.govt.nz
Or Language Line (the office of ethnic affairs) www.languageline.govt.nz 0800 656 656

Opportunistic screening is reportedly very common. The rate seems to increase in proportion to the level of high needs women being served by the practice. Staff may invite women who are attending the clinic for other reasons, including bringing children/grandchildren to the clinic, to have a smear test while they are there.

An opportunistic smear may be welcome because of costs associated with time off work, childcare, and transport. It may be more convenient for a woman who already wants to have a smear, but has just put it off. Practice staff often will care for the woman’s children whilst she has a smear test.

However, women who are overdue will have a range of reasons, and the opportunistic approach may or may not be acceptable to them. It may not be a convenient time. In addition, it may be difficult to offer an opportunistic smear and meet obligations of informed consent.

Difficulties identified:

- Not enough time to find out the woman’s perspective, individual circumstances, beliefs and preferences
• Not enough time to explain fully the implications, benefits and risks of participating in the programme, and choices in terms of smear taking services, cost, time and place. See Section 1.1
• The woman may not feel prepared for an intimate examination
• Perceived coercion, or control to obtain a smear when a woman is not ready or willing

<table>
<thead>
<tr>
<th>Cautionary example of reaction to pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>From a smear taking nurse: “The woman might be talked into having a smear when she was not expecting it, but is likely to work out that next time she can avoid it by saying she has her period”.</td>
</tr>
</tbody>
</table>

For some women it may be appropriate to involve family members when providing information about cervical screening.

<table>
<thead>
<tr>
<th>Example of a Conversation between a Chinese Nurse and a Woman who is eligible for a smear.</th>
</tr>
</thead>
<tbody>
<tr>
<td>A young Chinese nurse in a General Practice finds it helpful to find out more about her new Chinese female patients to assess the level of acculturation. She takes time to listen and understand the woman’s perspective and provides a private space for the conversation. She may start by asking the woman “how long have you lived in New Zealand and do you have many New Zealand friends?</td>
</tr>
<tr>
<td>She will also assess the woman’s English literacy level and will ask what language and/or dialect she speaks fluently (e.g. Mandarin or Cantonese or Hakka etc). If the nurse’s Chinese language/dialect does not match the woman’s language/dialect, the nurse will immediately organise a telephone interpreter to assist with the communication.</td>
</tr>
<tr>
<td>When her patient is an older Chinese woman the nurse will address her using her title and surname to respect her status. She will also ask her if she would like to involve family members when discussing health information. For example: “Who is with you here today? Would you like your family members to be with you to talk about the cervical screening programme? If yes, I can bring them in to join us”. There are women who are happy to involve their family member(s) but there are some who prefer not to involve their male family members.</td>
</tr>
</tbody>
</table>
| The nurse will say to the woman: “I realise that in our home countries women do not talk about their cervical health, however in New Zealand all women are entitled to all the information they need to understand how cervical screening is provided and about how we
ensure that your privacy and comfort are maintained.”

She will ask the woman about her decision-making process; what matters to her most and what in her culture or religious beliefs shapes her understanding of cervical health and cancer. She also asks about cultural issues that may affect communication regarding treatment and results; and if she would like to be directly informed of the results of medical investigations.

The nurse will explain that clinicians must explain they are obligated to inform/discuss the results and what they mean with each woman directly, unless she prefers otherwise. The nurse also asks her how the woman would like decisions about her personal health to be made.

Note: At this point, if a woman prefers that family members receive information, the nurse will find out which family member(s).

The nurse explains informed consent and that the woman can take time to consider her decision, and she can change her mind at any point. The nurse provides the woman with information about cervical health and the benefits and risks of cervical screening and what is involved. The woman will be given information in her own language and will be offered an appointment now or later depending on her preference.

The nurse asks if the woman would like someone with her during the screening process and explains that if at any stage the woman does not like the way the service is provided to her, she can make a complaint. A copy the Consumer Rights Act in Chinese language is given to the woman.

The nurse assures the woman that she will receive a completely confidential service, just between her and her health professional.

Example of Opportunistic Conversations with Pacific Women

A Pacific nurse, working with Pacific families finds it helpful to involve the family when providing information about the woman’s entitlements. She asks the woman who is with her today. It may be a sister, auntie, or husband. She tells her that if she would like her family members to come in for the talk about the cervical screening programme, they are welcome. The woman often is happy to call the family member(s) in.

As a Pacific woman, she says to them: “I know that we don’t talk about cervical health like this in the Islands, but here in New Zealand we do.” She explains that in New Zealand she is entitled to all the information she needs to understand how cervical screening is organised, and how it can be done to ensure privacy and comfort. I explain she can take time to make her own decision, and she can change her mind. If at any stage she does not like the way a
service is provided to her, she can make a complaint. She will have a completely confidential service, just between her and her health professional.

Following this, the nurse talks about cervical health and the benefits and risks of cervical screening and what is involved. The woman will be given information and can take time to think, or make an appointment if that is her choice. Sometimes the woman will want to have it done straight away; sometimes her family member will encourage her.

Examples of Opportunistic Smear Taking

“For young women, they are likely to come into the clinic for an STD check, contraception, or another health issue, so that is when we talk to them about smears. They will have had the letter of invitation, so may already have an understanding of what is involved and be happy to have it done at the same time.”

“At the beginning of the day, we look at the schedule and see which women are coming in, and check to see if we need to have a chat or offer a smear. When children are coming in, we look to see whether it is Mum or Nana who is with them, and we look up their notes and if they are overdue we will have a chat, and offer to look after the child(ren) if they want to have a smear done while they are at the clinic.”

“We have two smear trolleys set up at all times and we try to make sure there is always a smear-taking nurse available.”

A cautionary tale:

A health promotion project undertaken provided opportunities for discussion about barriers. Pacific women identified barriers as cost, resistance by husbands, what they saw as coercion by medical staff, and privacy issues. They would go to the doctor for the flu and had a smear. Then they went home and told their family: “The doctor is mad. I went with a cough and he did a smear”.


Hints for increasing uptake

If possible provide a bidet. If this is not possible, provide women with an opportunity to “freshen up” and ensure wet wipes are available.

Phone eligible women who are coming in, (either for themselves or with children, grandchildren) to suggest they come in a bit earlier for a smear – this gives them a chance to prepare.
6. Audit (data matching)

**Topics covered in this Section:**
- Policy on regular auditing
- How to arrange
- Why audit (data match)?
- What difference does it make?
- Example of a PHO-led audit with suggested actions for different categories of overdue women

The best way of ensuring eligible women are identified and prioritised for invitation and recall is to audit women aged 20-69 against the NCSP Register.

The Cervical Screening Guidelines recommend regular audit of all women aged 20-69, against the NCSP Register. This is a quality assurance process which identifies accurate and current eligibility. The only exclusions will be those validated by the NCSP Register. Lists generated from the audit process enable invitation and recall to be prioritised for women at risk, unscreened and under-screened women. Practices check against their PMS for women who have been clear they do not want to be contacted previously (decliners).

---

**National Cervical Screening Programme Policy**

It is advised that, once or twice a year, smear takers undertake an audit of their enrolled and eligible women against the data held on the NCSP Register.

(Ref: NCSP Policies and Standards Section 4, Standard 4.35)


Audits can be requested by PHOs as well as individual practices as the PHO can generate NHI lists for eligible women in each practice.

To arrange an audit, contact the Programme Supervisor for Screening in Auckland: Hadir Elkerdani: HadirE@adhb.govt.nz Note that this does not require a data request form, as it is not a request made to the NSU.

Why do this when the practice uses Query Build and PMS Audit tools to identify women overdue for screening? The NCSP Register audit (provided by your regional team) provides the most accurate report and will show:

- Women who are enrolled with the service, but not known to the Register (have never had a smear in NZ)
• Women who have had a smear elsewhere
• Women who are more than 3 years overdue
• Women who are more than 5 years overdue
• High Grade, Low Grade and previous abnormal smears
• TOTAL hysterectomy + negative management (no longer need to have smears)
• OTHER hysterectomy (continue smears). These are women who either still have a cervix or had a hysterectomy following abnormal cytology
• Women no longer eligible as over 70, deceased, too sick to be screened, have developed Cancer of the Cervix, are overseas, have withdrawn or are under colposcopy treatment.

Example of Improved Coverage following Audit

Audits for three small practices, provided information which led to new strategies within and between the practices to increase access to female smear takers. One practice arranges for a female nurse smear taker to provide clinics twice a month. The other two practices now share a smear-taker nurse.

Repeat audit shows significant increases in rates of participation.

For the practices audited in the example on the next page, their PHO Performance Programme reports indicated coverage between 66% and 82%. The audit showed the coverage rate to be between 46% and 62%. The low proportion of reported hysterectomies, (the denominators are based on a specific rate of hysterectomy exemption) coupled with the partial information provided in relation to other exclusion criteria could partly explain the difference in coverage rates.

A follow-up audit after five months showed a considerable progress in providing smears to women overdue and with a history of abnormal cytology.
Example of a PHO-led audit of ten practices

Audits for a ten practices (total eligible women: 23,610) provided data which was then used to prioritise recall and invitation activities:
15% (2,514) Not on the Register; 5% (652) Overdue and with previous abnormal smear result;
23% (3,530) Overdue with previous normal smear result; 3%(408) having had total hysterectomies.

Information was sent for each practice describing the codes used and suggesting action:

<table>
<thead>
<tr>
<th>Reference</th>
<th>Definition</th>
<th>Suggested action</th>
</tr>
</thead>
<tbody>
<tr>
<td>All NHI</td>
<td>All NHI numbers of women eligible for cervical screening in the practice</td>
<td>None. This is a reference</td>
</tr>
<tr>
<td>NOR</td>
<td>NHI of women Not On the NCSP Register. These women would have never had a smear in NZ.</td>
<td>Initiating contact and invitation to recruit these women, unless clinical notes specify exclusion</td>
</tr>
<tr>
<td>Overdue</td>
<td>NHIs and date of last smear women previously diagnosed with a High Grade cervical lesion &amp; currently overdue for follow up cytology</td>
<td>PRIORITY ACTION. Please recall for screening as soon as possible</td>
</tr>
<tr>
<td>+HG</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overdue</td>
<td>NHIs and date of last smear women previously diagnosed with a Low Grade cervical lesion &amp; currently overdue for follow up cytology</td>
<td>PRIORITY ACTION. Please recall for screening as soon as possible</td>
</tr>
<tr>
<td>+LG</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overdue</td>
<td>NHIs and date of last smear women overdue but with no previous record of cervical abnormality</td>
<td>Invite for screening</td>
</tr>
<tr>
<td>+N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Hyst</td>
<td>NHI women with total hysterectomy with no prior positive smear and not related to cervical cancer</td>
<td>Women in this list should not require screening, but you could check in clinical notes if this is indeed the case. Update clinical records if hysterectomy info is not already recorded</td>
</tr>
<tr>
<td>Other Hyst</td>
<td>NHI women with total or partial hysterectomy who still need to have regular smears</td>
<td>Review notes to see whether vault smear is indicated/needed Update clinical records if this info is not already there</td>
</tr>
</tbody>
</table>

* Re-audit of overdue+abnormal previous smear was undertaken after five months
7. Smear Taking

Topics covered in this Section:
- Training and professional development
- Maintaining competence
- Clinical judgment and responsibilities regarding ongoing management
- Pregnancy (recommendations)
- Avoiding unnecessary screening (policy and recommendations)
- Communicating and recording smear results (policy and recommendations)
- Referral to colposcopy
- HPV testing and pathway back to normal screening

7.1 Training and Professional Development

General Practices are responsible for ensuring appropriate access to female smear takers. Smear taker training is provided by two NZQA training establishments in the Auckland region: Well Women and Families Trust (WWFT) and the Family Planning Association (FPA).

Smear Takers are responsible for maintaining their competency through continuing professional development activities:

- Accessing the NCSP website for updates to Policies and Standards [www.cervicalscreening.govt.nz](http://www.cervicalscreening.govt.nz)
- Reading current information received from the NCSP and the NSU
- Reading relevant journal articles
- Reviewing NCSP Register smear taker reports and standards
- Attending regular clinical updates organised by training organisations or NCSP regional services (one smear taker update session biannually is recommended)

Smear takers with overseas qualifications in smear taking are required to undertake additional training to cover competencies and guidelines that are specific to the New Zealand cervical screening programme, as per the NCSP Guidance on training for overseas trained smear takers (2010) available at [http://www.nsu.govt.nz/Health-Professionals/2165.aspx](http://www.nsu.govt.nz/Health-Professionals/2165.aspx).

WWFT and FPA provide regular training and update sessions:

[http://education.familyplanning.org.nz](http://education.familyplanning.org.nz)
7.2 Maintaining Competence

Smear takers must have an up-to-date knowledge of all aspects of preparing women for cervical screening, taking cervical smears, interpreting cervical smear results, initiating follow-up action and completing documentation, as per the NCSP Competencies for Smear Taker Training (National Screening Unit, 2009) and NZQA Unit Standard 1098 (revised 2008). Competency can be maintained by:

- Taking smears on a regular basis (at least 30 per year is recommended)
- The Practice Manager keeping a record of number of smears per smear taker per year
- Frequent monitoring of adequacy rate as an indicator of technical competence (the upper limit for inadequate smears is 5%)

---

**National Cervical Screening Programme Guidelines**

|---|

Smear takers receive reports on the percentage of their smears that are found to have insufficient cells. Guidance from the NSU is that this rate should not exceed 5% for LBC samples.

Smear takers must be familiar with Part 4A of the Health Act 1956, particularly Section 112L Duties of persons taking specimens for screening tests. **See Appendix (i).**

---

**Disposable Specula**

<table>
<thead>
<tr>
<th>Have a range of sizes to suit women of all sizes.</th>
</tr>
</thead>
<tbody>
<tr>
<td>A disposable speculum is for single use only and the cost should not be transferred to the woman.</td>
</tr>
</tbody>
</table>
HPV Immunisation and Cervical Cancer Aetiology

HPV vaccination is incorporated as a dual approach to cervical cancer prevention. Smear takers are familiar with the HPV immunisation programme and take every opportunity to educate young women on the need for core cervical smears between ages of 20-69.

Smear takers must be familiar with the cause of cervical cancer so that they can educate women coming for smears about HPV.

Smears and Swabs

With young women, always offer swabs as well as a smear, and a smear as well as a swab. STIs are very common and it makes sense to get into the habit of doing both.

Do not take swabs without informed consent.

7.3 Special Requirements

Cervical smear taking services must be provided in an environment that respects the dignity and autonomy of women. The following should be provided:

- A space that is private, secure and warm
- The offer of a chaperone or support person
- The choice of a female smear taker whenever possible.

The smear taker should consider his/her requirement for a chaperone.

Smear takers must make every effort to provide women who have special requirements with an environment and smear taking process that accommodates their particular needs.

Special circumstances which the smear taker must take into consideration when taking a smear include:

- Women with physical disabilities
- Women with intellectual disabilities
- Women who have been sexually abused.
Special requirements

Refer women to Well Women and Family Trust where appropriate. The nurses have considerable experience of meeting these particular needs, usually at the woman’s home. Contact:

Well Women and Families Trust Ph: 846 7886 (regional support to services provider)

Keep a Record of Chaperone

Where appropriate it is recommended that chaperones are offered, and either the name of the chaperone or the decline of the offer is recorded

7.4 HPV Immunisation

HPV Immunisation and Cervical Cancer Aetiology

HPV vaccination is incorporated as a dual approach to cervical cancer prevention. Smear takers are familiar with the HPV immunisation programme and take every opportunity to educate young women on the need for cervical smears between ages of 20-69.

Smear takers must be familiar with the cause of cervical cancer so that they can educate women coming for smears about HPV.

The training course on the human papillomavirus (HPV) is now available on the Ministry’s Learn Online website at http://learnonline.health.nz/course/category.php?id=83

HPV immunisation is a primary prevention approach to cervical cancer, and cervical smears provide secondary prevention. Together these two approaches provide the highest level of protection possible.

The HPV vaccine is given as three injections in the upper arm over a six month period. The second dose is given two months after the first, and the third injection is four months after the second.
Vaccination is most effective when the three doses have been given before a young woman becomes sexually active. However they will still need to have regular smears from age 20 – 69 as the vaccine does not currently protect against all strains of HPV.

Girls and young women up to their 20th birthday are eligible for free vaccination either at school or through their General Practice, Family Planning or health clinic. After the age of 20, the three injections cost around $500.

Where girls are under 16 years of age vaccination requires a consent form to be signed by a parent or and returned to the school.

Girls over 16 can give their own consent.

The vaccine should not be given to pregnant women or anyone who has had a life-threatening reaction (hypersensitivity or anaphylaxis) to any component of the vaccine or has had a reaction to the previous dose of the vaccine.

“About the HPV Vaccine”
7.5 Women who do not respond to 12 month recall following treatment

Clinical Risk

The GP receives discharge information from Colposcopy, including recommendations for follow up. An appropriate follow up date will be entered in the Practice PMS. It is a clinical risk for her not to get this follow up, therefore if she becomes overdue and cannot be contacted by the smear taker, referral to outreach (Support to Services) provider is urgent. The smear taker organises feedback to confirm the outcome of the referral.

Phone:
- Well Women and Family Trust: 846 7886 (regional support to services provider)
- Te Whanau O Waipareira 836 6683 and ask for Kim Wi.(support to services in the Waitemata DHB region)
- Raukura Hauora O Tainui 021 894 795 (Heather Emery)
- The Fono 837 1780 (Lingi Pulesea)

7.6 Clinical Judgment

There may be reasons to follow up with women that are not indicated through her smear results. See Section 4.2: Recall.

The responsibility of the smear taker

- The person who takes the smear should action the result. This provides continuity of care.
- Have systems in place to remind to adjust recall dates where there is a concern. Clinical notes written on the lab form may not be in line with the recall date advised by the laboratory. The lab uses information already in the NCSP Register and sets recall dates according to the NCSP Guidelines. This may not be the most appropriate recommendation, and the smear taker will need to actively manage the woman’s ongoing care and follow-up.
- It is the smear-taker’s responsibility to update the register with clinical information (including overseas results). These are recorded as medical notes on the Register. This is not done by the lab as a routine process, and providing clinical information on the request form does not mean clinical information is sent to the NCSP Register. Contact the regional NCSP Register team to ensure clinical information is included within the Register and, if necessary, provide written evidence supporting those notes. Tel: 09-630 9943 X: 27827 | Fax: 0800 500 513 | Mobile: 021 893768 | Email: HadirE@adhb.govt.nz
- Smear takers should provide a letter for the woman to take to her next GP or smear taker, to ensure clinical information is transferred.
Minimum information to be recorded on lab form:

- Ethnicity (up to three as identified by the woman). If this has been transferred automatically from the PMS, check with the woman.
- An address if an additional copy of the result is required.
- Date of last test
- Date current test is taken
- Urgency, if indicated with appropriate contact details
- Previous abnormal results
- Type of LBC: SurePath or ThinPrep

Questions to ask and clinical details to be recorded on the lab form:

- Any abnormal discharge?*
- Any bleeding in between periods?*
- Any post-coital bleeding?*
- Any pain on intercourse or pelvic pain? *
- Date of LMP and is the cycle regular?
- Hysterectomy details
- Method of contraception in use
- Ante-natal or post-natal status
- Menopausal, or post-menopausal, and if on hormone replacement treatment
* If “Yes” arrange appropriate further review/investigation/ referral.

Reference to Policy and Standards

Section 4.31

Full details of the clinical assessment are entered into the woman’s notes.

An assessment form can be used to ensure comprehensive assessment is undertaken.

See Appendix (xii) Cervical Smear Consultation Checklist
Pregnancy:

Where a pregnant woman has never, or rarely had a smear, cervical screening can be discussed and offered. Smear taking is within the midwives’ scope of practice.

National Cervical Screening Programme Guidelines (p.37)

“There is no contra-indication to smear-taking during pregnancy, but routine smears may be delayed until after pregnancy unless there is a reason not to, such as if the woman is well overdue for a smear or the previous smear was abnormal.”


7.7 Avoiding Unnecessary Screening

Women Under 20 years of Age

Because the high rate of abnormalities seen in younger women (caused by transient HPV infections) can lead to frequent treatments, the age for starting screening has been controversial. Although treatment has a low complication rate, it is now recognised that the consequences of treatment complications are greater for younger women who have not completed their family than they are for older women.

NCSP Policy is not to screen women under the age of 20 years yet every year 14,000 smears are taken annually from women under the age of 20 years, despite policy to the contrary. This unnecessary screening wastes precious resources, diverts attention from women who could genuinely benefit from screening, and is unlikely to be of any benefit to these young women – in fact early and unnecessary screening can potentially cause them serious harm.

References

NSU Screening Matters March 2007
**Early Re-Screening**

The target for early re-screening has been calculated at less than 10% and includes women recommended a routine three year interval but re-screened at less than 2.5 years from their last smear.

The NCSP Register can be used to identify and compare rates of early re-screening by provider.

<table>
<thead>
<tr>
<th>Calculation of early re-screening and Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>(National Cervical Screening Monitoring Report Number 30, appendix F p.102)</td>
</tr>
<tr>
<td>The NSU Monitoring Report Number 34 shows Early Re-Screening rates as 32%, 37% and 24% for Auckland, Waitemata and Counties Manukau respectively.</td>
</tr>
</tbody>
</table>

Early re-screening is fine when there is a clinical reason. However where there is no clinical reason, early re-screening can:

- Incur extra time from work, travel, child care, and appointment costs for women
- Represent unnecessary use of NCSP resources
- Impact on laboratory turn around times
- Lead to inappropriate treatment

<table>
<thead>
<tr>
<th>Recommendations for avoiding early re-screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review of the guidelines for Cervical Screening 2008</td>
</tr>
<tr>
<td><a href="http://www.nsu.govt.nz/files/NCSP/Presentation_for_smear-_takers.ppt">www.nsu.govt.nz/files/NCSP/Presentation_for_smear-_takers.ppt</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Early Re-Screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early re-screening is only appropriate when clinically indicated.</td>
</tr>
<tr>
<td>Keep track of your rate of early re-screening and aim to keep within advised limits</td>
</tr>
</tbody>
</table>
7.8 Communicating and Recording Smear Results

Smear takers have a responsibility to ensure women receive their results.

Smear takers explain to women when and how they can expect to receive their result and can provide women with the NSU pamphlet: “Understanding Cervical Smear Test Results: http://www.nsu.govt.nz/files/NCSP/Cervical_Screening_-Understanding_Results_version_2.pdf

Patient preferences for how to be contacted generally are now recorded alongside contact details in the patient details screen. Check whether this is still their preference for communication related to their cervical health.

Women should be told that if they do not get a letter or phone call about their result they should contact the clinic as their results may not have reached them (e.g. different address or phone number).

<table>
<thead>
<tr>
<th>Recommendation for Communicating Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Texting is insufficient to convey a full and clear message. Send results to women in plain English and with key messages to encourage women to return to the doctor if they experience any important symptoms. The concern is that if a woman has had a recent normal result, she might think there is no need to check with her doctor about important symptoms.</td>
</tr>
<tr>
<td>Smear takers should discuss any abnormal results with women.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sample Script for Communicating Abnormal Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women can be so frightened that they avoid treatment; therefore the way the news of an abnormal result is given is important e.g.</td>
</tr>
<tr>
<td>“I have good news for you; your smear results tell us that you have very early changes in the cells from your cervix which are very unlikely to develop into cancer.”</td>
</tr>
<tr>
<td>Then where the guidelines recommend a repeat smear after 12 months:</td>
</tr>
<tr>
<td>“Having a smear when you did means we can organise for you to have another smear within (6 months or a year depending on history) to see if the cells have gone back to normal by themselves. I will contact you when it is time to come in again for another check.”</td>
</tr>
<tr>
<td>Or where the guidelines recommend a referral to colposcopy:</td>
</tr>
<tr>
<td>“Having a smear when you did was good because we can organise for the cells to be treated so that cancer is unlikely to develop. I have already let the clinic know to send you a letter with an appointment. This is the Colposcopy Clinic at (Auckland, Waitemata Hospitals or the Super Clinic at Manukau). Your appointment will be planned for six months’ time, because we need to leave enough time for your cells to have a chance to go back to normal by themselves.</td>
</tr>
</tbody>
</table>
**Recommendation for Tasks related to Smear Results**

A fail-safe system is recommended to ensure the following are recorded accurately:

- The date a smear was taken
- The date the result was received and entered into the PMS (within 15 working days)
- The results have been communicated to the woman
- The correct recall date has been entered (clinical judgment overrides the guidelines)
- For repeat smears, ensure continuity of smear-taker
- Action taken:
  - ensure the results are obtained from the laboratory within 15 working days of the laboratory receiving the specimen
  - result communicated to the woman within 16 working days
  - recall scheduled appropriately, or referral made and noted in patient notes
- Check that women referred to Colposcopy have been seen within 60 days
Most guidelines recommend women be seen within two weeks of referral for an abnormality suggestive of cancer, within four weeks for a high grade cytology result and within eight weeks for a low grade cytology result.


Where women choose to go elsewhere, smear takers from alternative services ask women for permission to share results with GPs. Most women want the results to be shared and this is done through the laboratory result being copied to the woman’s GP. These smears count in terms of coverage for the practice where the woman is enrolled, and the associated PHO because smears are reported by enrolment rather than current smear taker.

Examples of Systems Used to Ensure Tasks are Completed on Time

- A practice maintains a written log as well as using the PMS to record the date the smear was taken, who by, the date the result was received, the result, the date the result was communicated to the woman and the action taken.
- A practice ensures all results and correct follow-up are checked by two smear-takers.

7.9 Referral to Colposcopy

Abnormal smear results requiring referral to colposcopy are described within the NCSP Cervical Screening Guidelines and are the basis of the recommendations for referral provided by the laboratory. Referrals are the responsibility of the smear taker. In some practices there is policy that the referral is made by the doctor, but this is not necessary. There is no charge for referral where a woman is referred to the DHB.
Refer to NCSP Guidelines


Note:

a) If the smear taker has noted clinical issues that are suspicious, the woman should be referred to colposcopy irrespective of cytology result and laboratory recommendation.

b) If the smear taker is not referring the woman to colposcopy as recommended by the laboratory, this is communicated to the NCSP Register by the smear taker.

Where there is an abnormal result that requires referral to Colposcopy, this is explained and the woman is recalled and referred by her smear taker.

The smear taker will ensure the woman:

- understands why she is being referred and what will happen at the Colposcopy Clinic.
- if the woman is post-menopausal, she is offered a course of oestrogen cream/pessaries to use alternate nights for two weeks prior to the appointment
- is able to get to her appointment*
- has information on the colposcopy service provided in her region. Information can be printed from the Healthpoint website which provides information for Auckland, Counties Manukau, and Waitemata DHB Colposcopy clinics. This includes information about how appointments are prioritised and how patients are contacted by the Clinics.
* where the woman has a history of DNA or has indicated she will have difficulty in getting to this colposcopy appointment, the smear taker will contact the regional Independent Support Services (See Appendix (iii)) to offer assistance.

An electronic referral form or a letter will be sent to the Colposcopy Clinic. The smear taker will ensure the referral:

- includes a copy of the smear result. This is essential
- highlights on a separate line if cancer has been already demonstrated
- has the woman’s current and accurate contact details*
- describes any need for support to attend appointments on the referral form
- includes information about any significant health issue e.g. mental health problems, pregnancy
*The smear taker checks for current mobile, landline, and address details. She asks rather than shows existing details, as the woman may not be able to read, and may affirm details presented to her, when actually the details need to be changed.
The pathways of communication between the referring smear taker and Colposcopy, and then between Colposcopy and both the woman’s General Practitioner and the NCSP Register are shown below:

Colposcopy teams use their own outreach health workers, and also ISPs to support women who do not respond to the appointment sent to them (DNR) or do not attend (DNA). If there is no success in contacting and treating the woman, she is discharged back to the GP with recommendations for a due date for the next smear. This discharge information is also sent to the NCSP Register.
Role of smear taker and communication pathway

The DNA/DNR pathway for each DHB Colposcopy Clinic is available on Healthpoint.

Smear takers are responsible for following up results. This includes referring women to colposcopy.

- Practices using Medtech or My Practice are able to refer directly to Colposcopy via Care Connect e-Referrals. The referral information is sent securely via Healthlink.

- A message confirming receipt of the referral is received into the patient inbox immediately after the referral is completed.

- It is possible to request that copies of reports are also sent to the woman’s GP where the smear is taken elsewhere.

- For further information about E-Referrals see the website below. PHO’s are also able to provide assistance. [http://www.ereferrals.co.nz/Support/tabid/220/Default.aspx](http://www.ereferrals.co.nz/Support/tabid/220/Default.aspx)
7.10 HPV-Testing and Pathway Back to Normal Screening

Smear takers are reminded that women with previous high grade smears and on annual recall have a pathway to return to three-yearly smears following two normal annual smears and two consecutive annual negative HPV tests. The smear and the HPV test are usually requested at the same appointment. It is the responsibility of the smear taker to discuss this with women and arrange, where appropriate, through a specific request on the lab form. Tick the box for an HPV test, or write the request by hand.

It is possible to change your PMS-generated lab form if it does not already have a box to tick specifically for an HPV test. Contact your PHO for help.

<table>
<thead>
<tr>
<th>Annual Smear 1</th>
<th>Cytology:</th>
<th>HPV Test:</th>
<th>Management:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Negative</td>
<td>Negative</td>
<td>Repeat in 12 months</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Annual Smear 2</th>
<th>Cytology:</th>
<th>HPV Test:</th>
<th>Management:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Negative</td>
<td>Negative</td>
<td>3 yearly screening</td>
</tr>
</tbody>
</table>

Note: When an HPV test was not requested on the Laboratory Request Form for a previous High Grade SQUAMOUS result, the lab can be contacted by phone and asked to add this test to the request if this is known within four weeks of the smear being taken. This is useful if the woman did not at the time of the smear test communicate her smear history accurately, and on receipt of the smear test result it becomes clear that an HPV test should be requested. Another lab form can be generated: “HPV add on test” for this purpose.

Women being managed this way must have had a previous high grade SQUAMOUS lesion. If uncertain about eligibility please check a woman’s smear history on the NCSP Register by phoning 0800 729 729. The laboratory may decline a HPV test request if this does not meet specific criteria.

HPV testing associated with low grade smears in women over 30 years of age is the responsibility of the laboratory. Refer to the Critical Note on page 43 re women with cervical history sourced overseas.

⚠ Reminder of when to request HrHPV test as well as cervical smear

a) For follow up of low grade changes – the HrHPV test reduces false negatives. This applies to women over 30 years of age. It is initiated at the Lab and does not require specific request from the smear taker.

b) Following treatment for high grade changes – the HrHPV test is a test of cure where both cytology and HrHPV are negative for the two consecutive annual follow ups. This means the woman can be managed back to normal 3-yearly screening. This is NOT initiated at the Lab, and requires the smear taker to specifically request the HrHPV test on the cervical smear lab form.
The Laboratories used for cervical cytology in Auckland are DML and LabTests for ThinPrep, and Southern Community Laboratories for SurePath.

The Cytologists are experts and are available by phone to answer questions related to cytology and management.

Diagnostic Medlab: (09) 571 4001 or 0800 522 837
Labtests: Southern Community Laboratories (09) 574 7399
See extracts from the NCSP Guidelines below

<table>
<thead>
<tr>
<th>National Cervical Screening Programme Online Training</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>National Cervical Screening Programme Guidelines.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guidance on HPV Testing Update 2010  p.25</td>
</tr>
</tbody>
</table>
8. Technical Tips and Support

a) Ethnicity on the Lab Form
Ethnicity is recorded in the Patient Notes
- Click “Patient” tab on the top task bar then
- Click ‘Alter Patient’, put in pt’s full name in ‘Alpha Index’
- Press ‘Search’ button
- Press ‘OK’ button. Pt’s full details screen will show up
- Click ‘Personal’ on top task bar, the “Ethnicity” will show up.

The smear taker should confirm a woman’s ethnicity (or ethnicities) each time she is seen
Record all the ethnicities.

Note: the “Main Ethnicity” may not be the same as the “prioritised” ethnicity required for reporting purposes, therefore if there are two or three ethnicities on the patient notes all must be recorded on the lab form. The Lab will prioritise according to MOH protocol. As Profile for Mac does not generate an automated lab form, this is a manual exercise which requires the nurse to check for multiple ethnicities.

b) Creating an Alert
- Click on the “Clinical” tab on the top task bar
- On the drop down menu, click on “Problem”
- Enter patient’s full name in ‘Alpha Index’
- Click on “Search”
• Click “OK
• Make the field larger (click on the + sign)
• Scroll down to “Practice” and click it.
• Click on “Description” and enter “Smear Overdue”
• On the right of the screen see “Set Alert” and click “All On”

The alert screen pops up automatically when the patient notes, letters or payments are accessed.

Note: Put the message in the Patient Notes as well.

c) Recall Checklist

Recall Lists are generated monthly. The NCSP Register “Due and Overdue” list is a useful back-up. Note: Women who have previously not responded drop off the “Due and Overdue” list. Therefore it is important that they are not excluded from the Patient Management System.

• Click on “Report” tab on the top task bar
• On the drop down menu, click on “Clinical Report”
• On the drop down menu, Click on “Recall Management”
• Choose “Smears Due” from the categories
• Highlight the name of the woman and choose “Recalls” from the circle options
• Generate and tailor the letter appropriate for recall or the text message or phone call.

d) Actions following Receipt of Test Result

Ensure each woman knows your protocol for communicating her smear result. Guidelines are that all women are appropriately informed of the results of their test. Abnormal results are always communicated verbally so that the woman is reassured and knows what to expect next.
• Click on “Special” tab on the top task bar
• On the drop down menu, click on “EDI”
• Click patient’s name in the Inbox
• Clock “Forward (the result is automatically entered on the woman’s file)

Check the notes to see if the recall date generated by the laboratory and based on the result is actually the right recall period for the woman (considering any clinical observations made at the time of taking the smear)

• Set the date recall
• Click the “Clinical” tab on the top task bar
• In the drop down menu click on “Recall”
• Enter patient’s full name in ‘Alpha Index’
• Tick “Search” (right side of screen)
• Tick “OK”
• Click “No Plan” at the left category
• Due Date: Click “New” (Blue Cross)
• Type “Routine Smear” (Code is: CX in ‘Service’ box) in the message box

• Click on drop down menu
• Click the “Years” and “Month”s in ‘Repeat’ box and enter the appropriate values
• Click “OK”

“Annotate” any clinical observation which affects recall decision or referral.
e) **Create a Report on Overdue Women**

- Click on “Report” tab on the top task bar
- On the drop down menu, click on “Clinical Report”
- On the drop down menu, Click on “Recall Management”
- Choose “Smears Due” from the categories
- Click on “Filter” on the top task bar
- Select “Status”. Click on “Enrolled” and “Active” (note this will exclude some women who may be overdue but were provided with their previous smear as a casual patient. The latest smear taker responsible for recall, not necessarily the GP where the woman is enrolled).
- Select “Female” from the “Sex” option
- For “Age” enter 20-69
- For “Care Plan” select “Cervical Smear”
- For “Status” select “Still Due”
- For “Due Date” select the number of years you are interested in e.g. if you wanted a list of all women overdue by up to 10 years, type “10” and tick “Years”.
- For “Before” select “Now”.

f) **Create a Tailored Letter**

- Click on “Report” tab on the top task bar
- On the drop down menu, click on “Clinical Report”
- On the drop down menu, Click on “Recall Management”
- Highlight “Due/Overdue recall”
- Click “Letter” sign (white envelope image)
- at the top of the tool bar a pop up screen will ask if you want to print out a letter.
- Press “Print” button
9. Appendices