Introduction

The National Cervical Screening Programme (NCSP) was established as a national programme over twenty years ago in 1990. The aim of the programme is to reduce the number of women who develop cervical cancer and to reduce the number of women who die from cervical cancer. A cervical smear test is a screening test to look for abnormal cell changes to the cervix. Some cells with abnormal changes can develop into cancer if they are not treated. Treatment of abnormal cells is very effective at preventing cancer. (www.nsu.govt.nz) Cervical smear tests help identify those women at higher risk of developing cervical cancer and its precursors so that treatment can be provided at the earliest possible stage of disease to minimize complications from treatment and risks of progression of disease.

There has been a significant improvement in the key outcomes for the NCSP nationally with rates of cancer and deaths decreasing between 1996 and 2009.

– Nationally, rates of cervical cancer (incidence) nearly halved from 10.5 to 5.4 per 100,000 for women of all ethnicities, and more than halved, from 25.0 to 10.4 per 100,000, for Māori women.
– Mortality also declined significantly from 3.8 to 1.8 per 100,000 for women of all ethnicities, and from 13.0 to 4.7 per 100,000 for Māori women (http://www.nsu.govt.nz/news/4811.aspx#4821).

The updated NSCP Guidelines to best practice for clinicians in 2008 and the Quality Assurance and Monitoring recommendations within the NCSP Review 2011 provide a framework for further improvement.

Active engagement with eligible women, and their initial and ongoing participation in the Cervical Screening Programme remain important. Issues in the Auckland area include equity of coverage for Māori, Pacific and Asian women and coordination of activities across service providers along the screening pathway.
Data on the NCSP – Register suggests that:

- Only half of the eligible Māori women are screened on time (53.1% ADHB, 56.6% in CMDHB, 49.3% WDHB)
- Just over half of Asian women are screened on time (55.2% ADHB, 54.3% in CMDHB, 52.9% WDHB)
- Coverage rates for Pacific are markedly better in Auckland than in Waitemata or Counties Manukau (72.8% ADHB, 57% in CMDHB, 60.2% WDHB) with rates in Auckland around ten percentage points above the national rate. This is thought to be associated with effective Pacific leadership and the strong Parish nursing network (a component of the Auckland DHB funded Healthy Village Action Zone (HVAZ) Pacific education and engagement programme) which prioritises cervical screening.
- ‘Other ethnicities’ coverage rates in both Auckland and Waitemata DHBs are above the National rate, but total coverage rates in Auckland, Counties Manukau and Waitemata DHBs are slightly below the national rate of 75% (73.4% ADHB, 66.5% CMDHB, 73.6% WDHB).
- However, recent information¹ suggests that the misclassification of ethnicity information on the NCSP – Register may result in significant under reporting of coverage for Māori women, Pacific women and to a lesser extent, Asian women. This issue was also identified in relation to Māori women in the Cervical Cancer Audit in 2004.

In relation to programme organisation, there is a multiplicity of funding streams, management lines and providers in the Auckland region. Both nationally and locally managed services contribute to cervical screening programme outcomes. Services include:

- National Screening Unit funding, national coordination, policy, quality assurance and audit
- Health Promotion
- National Cervical Screening Programme (NCSP) register administration
- Free smears for priority group women
- Laboratory services
- Colposcopy services.

A range of providers deliver services including:

- General practices
- Family Planning
- Independent Service Providers (ISPs)
- Auckland Regional Public Health Service (ARPHS)
- Community/Hospital laboratories
- DHB provider arms.

Primary Healthcare Organisations (PHOs), District Health Boards (DHBs) and the National Screening Unit (NSU) purchase services to meet programme objectives. DHBs use baseline funding as well as revenue funding from the NSU to purchase services including free smears for priority group women. The National Screening Unit (NSU) contracts with four Independent Provider Organisations to provide health promotion and free smears for women in metropolitan Auckland. The NSU contracts with Auckland DHB for regional register administration services provided by ARPHS. The NSU has had contracts in place in other regions for regional coordination for over ten years. In April 2012, the NSU entered into an agreement with Auckland DHB to host a regional coordination service on behalf of the three Auckland DHBs. The regional coordinator or project manager will be tasked with coordinating these disparate activities in a systematic manner in order to maximise synergies and get the most from each component part and from the system as a whole.

Younger women, aged 20 – 39 years, and older women, aged 60 - 69 years, have lower coverage than women in the middle years. Similarly, Māori, Asian and Pacific women appear to have lower coverage than other women. Tactics to engage these women will address known barriers of cost, practical barriers, knowledge of screening within a preventive framework, cultural discomfort and cultural acceptability. This strategy aims for increased and regular cervical screening and reduced inequity. There will be an increased focus on engaging with women who have never been screened, and on maintaining an ongoing screening participation, for these women. Data informs us that this group of women will feature disproportionately high numbers of Maori, Asian and Pacific Women.
Guiding Principles

This Strategic Plan is aligned with the legislative framework within which the programme operates, including regional governance, and reflects the following principles.

- The Treaty of Waitangi principles of partnership, participation and protection.
- Equity of outcome for priority groups\(^2\) within the programme.
- Women making an informed decision about enrolment and screening.
- Population health perspectives and the principles of screening programmes including coherence with the cervical screening pathway and the cancer screening intervention logic model.(appended).
- Evidence underpins activity and new activity is undertaken within an evaluative framework, recognizing the importance of quality and safety.
- Collaborative ways of working towards improving cervical screening uptake and regular screening.
- Responsive to clients’ needs and the socio-cultural diversity among them.
- Acknowledging the important role and accountability of PHOs and General Practices (working with the regional coordination service) as both providers and coordinators of service provision within the framework of the National Cervical Screening Programme.

Cervical Screening Goals for Metropolitan Auckland

- We will increase the Total cervical screening coverage rate to 80% by 2014, and to at least 85% by 2020.
- We will significantly reduce inequities in cervical screening coverage and participation along the screening pathway, particularly for Māori, Pacific and Asian women by 2020.

\(^2\) The NCSP defines Priority Group Women. Priority Group Women are: Asian, Maori or Pacific and aged 20-69 years; Other women aged 30 – 69 years who have never been screened or have not been screened in the last 5 years.
Key performance areas

Key performance area 1: Governance, leadership and monitoring

1. An effective regional governance body will provide strategic leadership and monitor progress against goals.
   – The governance body will be established in the first half of 2012 and reviewed after one year of operation.
   – The governance group will support development of regionally consistent approaches to strategy and service delivery.
   – The governance group will routinely monitor coverage as well as other data along the screening pathway and use available evidence to inform their recommendations for service activity along the screening pathway.

2. A high functioning coordination service to drive activity and change processes will be established.
   – A project manager will be in post by October 2012.
   – The effectiveness of the coordination service will be evaluated by the governance body by the end of 2013.
   – The project manager will be tasked with actioning this strategic plan.
   – Operationally, the project manager will convene a cervical screening operations group inclusive of primary care representatives, NCSP-R management and ISPs within the first quarter of their appointment. The purpose of this group will be to identify opportunities for systematic improvement and to function as a coordinated team with shared goals to achieve more than the sum of the parts. Any blockages to effective functioning of this operations group should be escalated to the governance group to address.
Key performance area 2: Quality information and data

Quality data underpins effective programme management as well as the effectiveness and efficiency of practice level activities including invitation and recall of women enrolled in primary care. Evidence suggests that the quality of data on the NCSP-Register and the interface between information systems needs to improve. Issues associated with quality of ethnicity data specifically have been known for some time. The metro Auckland group will work with the National Screening Unit to address issues that inhibit the performance of the programme. We will encourage appropriate ownership of issues and seek to address issues at the appropriate level, whether local, regional or national.

3. Improve the quality of information on the NCSP – Register for women who live in the Auckland area, particularly with respect to ethnicity and hysterectomy.
   – We will establish and resource a project in 2012 which improves the quality and completeness of information on the NCSP-R. The project will be managed by the Coordination Service. This quality information and data project will be completed by mid 2013. As this information underpins other activities, this will be the first project led by the Project Manager.
   – We will use data to inform local priorities.

4. Improve the consistency of information between Primary care practice management systems, the NCSP – Register and other PHO systems such as KARO.
   – Identify and work towards correcting issues such as failure to capture hysterectomy history by KARO to improve the accuracy of overdue reports and reduce wasted effort.

5. Undertake a summary of the key literature sources related to barriers to establish if there are other initiatives that need to be incorporated in the overall design of the regional cervical screening coordination service/ programme.
Key performance area 3: Improved access and reduced barriers

6. We will improve access to cervical screening for all women by:

   – **Encouraging compliance with Policy and Quality Standards**

   – **Providing targeted free smears.**
     - Free smears will be made available through PHOs for priority group women within available DHB resources.
     - The importance of making smears available at no charge to women will be reviewed once improvements in the quality of information on coverage by ethnicity is able to be obtained. Until this information is available, it will be assumed that Māori, Pacific and Asian women are more likely to be under-screened than Other women and free smears will be directed according to the NCSP’s definition of priority group women.

   – **Messaging to improve women’s knowledge** of the importance of having regular cervical screening.
     - We will use a range of health promotion tools to increase women’s understanding of the importance of regular cervical screening.
     - We will supplement NSU social marketing in localities with local campaigns delivered through service providers, community events, print and radio from 2013.
     - We will support primary care practices to display available print resources (brochures and posters).

   – **Removing other barriers to access along the screening pathway,** such as transport and cultural barriers.
     - We will ensure that primary care providers know what support ISPs can provide including transporting women and supporting them through cervical screening and treatment appointments.
     - We will ensure that there is an alternative provider of cervical screening for women who do not wish to access this service from their primary care practice.
     - We will increase our knowledge about how to improve access to cervical screening and treatment services including through exploring approaches such as co-design from 2013. Co-design involves patients, whānau/family and healthcare providers all working together to identify issues and develop solutions to healthcare issues.
Culturally Specific strategies for Māori, Pacific and Asian Women

Based on increased awareness of barriers and strategies to reduce those barriers.

Strategies common to each of the three groups:

- Improve the health literacy of women in relation to the importance of having regular cervical smears to age 69 years.
- Ensure that information about community health workers who can help women attend appointments and support them through screening is available to women and to general practices in communities with a high proportion of Māori, Pacific and/or Asian women.
- Support general practices in areas with larger Māori, Pacific and Asian populations to provide respectful screening services; to optimise opportunistic screening, and; to make smears freely available to women either within the practice or nearby in an appropriate setting.
- Support primary care practice in areas with larger Māori, Pacific and Asian populations to provide the best recall and reminder services to women including text to remind to minimise DNAs at screening and along the screening pathway.
- Gather more qualitative information to learn from and share successes from primary care.

Strategies specific to each group:

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<tr>
<th>Strategies specifically to improve cervical screening coverage and outcomes for wahine. We will ...</th>
<th>Strategies specifically to improve cervical screening coverage and outcomes for Pasifika women. We will ...</th>
<th>Strategies specifically to improve cervical screening coverage and outcomes for Asian women. We will ...</th>
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<tr>
<td>Gather evidence from successful initiatives for Māori women from other regions.</td>
<td>Ensure that Pacific leadership is engaged in cervical screening governance and that key Pacific people are engaged in the development of resources from the beginning.</td>
<td>Acknowledge language, culture, religion, awareness of the screening programme and perception, cost and transportation are potential barriers for Asians.</td>
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<td>Link with the National Kaitiaki Group to access more timely coverage information.</td>
<td>Disseminate Pacific Best Practice through primary care and in colposcopy to improve main-stream responsiveness to Pacific women.</td>
<td>Ensure that Asian leadership is engaged in cervical screening governance and that key Asian people are engaged in the development of resources from the beginning.</td>
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<td>Improve the quality of ethnicity and other information recorded on the NCSP – R for Māori women.</td>
<td>Build on and extend established Pacific relationships in the community through the HVAZ model of parish community nurses.</td>
<td>Promote CALD cultural competencies, and encourage the uptake of CALD cultural competency training among primary care providers and colposcopy health providers to improve cross-cultural interactions and cultural responsiveness to Asian women.</td>
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<td>Take a whanau ora approach so men and other family members encourage and support their wahine to access screening and other services along the screening pathway.</td>
<td>Work towards extending the parish community nurse network throughout WDHB and further inside CMDHB.</td>
<td>Build on and extend established Asian networks in the community for information sharing and awareness raising (e.g. TANI, Chinese community groups, Korean Society, Indian Association).</td>
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<tr>
<td>Promote regular screening in Māori settings and ensure local messaging talks to wahine.</td>
<td>Ensure that both the message and the messenger is appropriate for Pacific women.</td>
<td>Ensure that messages about the importance of cervical smears and how to access them are communicated effectively, easy to understand, culturally and linguistically appropriate so that Asian women can make informed decisions and take appropriate actions</td>
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<td>Ensure additional providers who are appropriate for Pacific women are readily accessible for Pacific women who do not want to access cervical screening from their usual general practice.</td>
<td>Ensure that cervical screening providers (funded or not funded) are gender appropriate for Asian women and that alternative providers are readily accessible for Asian women who do not want to access cervical screening from their usual general practice.</td>
<td>Identify practices with low Asian coverage rates and explore the effectiveness of telephone reminders in patient’s languages coupled with provision of translated information.</td>
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</table>
| Explore options for engaging Pacific families around supporting women to access cervical screening. | Target younger age groups, religious groups, and those from high deprivation groups (NZDep Quintile 5). | }
Key performance area 4: Primary care delivery

7. We will enhance primary care’s responsiveness by:

- **Supporting primary care** to develop practice systems that maximize identification and invitation of women due for cervical screening.
  - We will take a similar approach to that taken for immunisation with the development of a best practice manual for cervical screening. This tool will be developed in a supportive framework which recognizes the practicalities of every day primary care activity and makes practitioners work day more manageable. This manual will be developed following an analysis of individual practice performance with completion by the end of 2013.
  - We will encourage the NSU to make improvements to the NCSP-Register to align its functionality with efficient processes in primary care. We will aim to see system improvements in place by 2014.

- **Encouraging primary care** to take ownership of screening their enrolled populations.
  - We will support each PHO to be accountable for cervical screening coverage within their practices, within the PHO overall and for facilitating engagement between the coordination service, PHOs and practices.
  - We will make better use of the PHO Performance Programme (PPP) to encourage higher cervical screening rates in practices.
  - We will encourage all practices to have a smear taker.

- **Implementing systems to support the prioritization of cervical screening** so that screening is encouraged at every opportunity.
  - Methods to simplify all processes and systems that affect the management of information. E.g. Practice Management Systems (PMS) flags will be found to support opportunistic screening for women who are due for a smear and present at a practice for other reasons.
  - We will publicly applaud those practices that provide a great service to women and share successful initiatives.

- **Supporting primary care practitioners** to develop and/or maintain skills in cervical screening.
  - We will identify practices where practitioners need skill development and help them access training in practical smear taking and communication techniques, as appropriate.
**Key performance area 5: System organization and design that works for women**

8. We have identified four groups of women in relation to primary care.

   a) The largest group is women who are enrolled and engaged with a primary health care practice.

      • The PHOs will monitor and enhance smear taking quality through provision of reports and education to General Practices on both coverage and quality of smear taking.
      • Effective practice systems and motivated staff will help ensure women who are enrolled and engaged with a primary health care practice have regular smears and are followed up if results are abnormal.

   b) Some women are engaged with their primary care practice in relation to most health needs but prefer to access cervical screening services from an alternative provider. These providers include Family Planning and ISPs such as WONS.

      • We will encourage primary care to adapt in ways that support women to access a full range of primary care services from them where ever possible.
      • We will ensure that other providers are available and continue to provide accessible, acceptable services with a failsafe approach to smear-taker clinical responsibility to follow-up on results, and a feedback loop to General Practice, where appropriate.
      • We will encourage primary care to ensure that women can readily access information about a range of available smear takers and how to access them, should a woman not wish to have a smear with their usual primary care provider.

   c) A smaller number of women are enrolled with a practice but are not actively engaged.

      • We will work with primary care and the ISPs to identify women who are not actively engaged with their practice.
Metropolitan Auckland Cervical Screening Strategic Plan 2012 - 2015

• We will encourage re-engagement with a practice through more effective relationship initiatives and removal of practical barriers. This may mean directing women to a new practice which better meets her needs.

d) A small number of women are not enrolled with primary care practices. These women are the hardest to reach. Our first challenge is to identify these women and then to connect with them.
  • We will work with others to develop a system of identifying women who are not enrolled with a primary care practice. We will then develop an effective outreach or engagement system for women who are not enrolled to encourage them to engage with a primary care home or to access cervical screening services in some other way, such as through an ISP or Family Planning.
Metropolitan Auckland Cervical Screening Strategic Plan 2012 - 2015

Bibliography


Cervical Screening Strategic Plans from other regions with thanks to:

- Bay of Plenty and Lakes District Health Board
- Canterbury and South Canterbury District Health Board
- Hawke’s Bay District Health Board
- Waikato District Health Board.
Appendix

Cervical Screening Pathway:

(source: Guidelines for Cervical Screening in New Zealand)
Metropolitan Auckland Cervical Screening Strategic Plan 2012 - 2015

Cancer Screening Intervention Logic Model 2010-2015

(source: NSU)