

The National Cervical Screening Programme: Herstory not History

The Control of Cervical Cancer in New Zealand: Achievements & Future Prospects

Friday 5 August 2016

Sandra Coney

Cervical Cancer Inquiry

- June 1986 *Metro* article
- 1987 Inquiry announced to be led by Judge Silvia Cartwright
- 1987 Cervical Cancer Inquiry starts, hearing of evidence until February 1988
- 121 women recalled for advice about the need for further treatment
- 5 August 1988 Report of Cervical Cancer Inquiry released







WOMEN'S HEALTH

WHAT NEEDS TO CHANGE

A Summary of the Recommendations
of the Cervical Cancer Inquiry &
A Practical Guide to Action



MINISTRY OF WOMEN'S AFFAIRS

TE MINITATANGA MŌ NGĀ WĀHINE

Cartwright recommendations on cervical screening

- A nationally planned population based screening programme should be implemented urgently. There should be full consultation with consumer groups, including women's health groups, the Ministry of Women's Affairs, the Health Department, and all relevant health professionals to ensure that:
 - ✓ Administrative problems are kept to a minimum
 - ✓ Optimum number of women are reached by the programme
 - ✓ Cultural, privacy and financial considerations are taken into account, so that screening is acceptable and available to all women.

Cartwright recommendations on cervical screening

- Ministry of Health to establish a group representative of a wide range of women health consumers and appropriate health professionals....to evaluate procedures, advise on resource allocation and implement within a reasonable period a population-based cervical screening programme for New Zealand women.

Cartwright recommendations on cervical screening

- Special duties owed to Maori women who have a three times greater risk of contracting invasive cancer than other women in New Zealand.
- Maori women involved in design & implementation of programme
- Choices in smear takers and sites for screening

Key Cartwright recommendations

- Screening coverage
- Special duty owed Maori women
- Financial considerations of screening
- Alternative smear-takers and services
- Involvement of consumers in design and implementation

Cervical cancer incidence & mortality

Incidence 1996 to 2013

10.5 to 6.3 per 100,000 for all women

25 to 12.7 per 100,000 for Maori women

Mortality 1998-2012

3.2 to 1.8 (56 deaths in all women, 2012)

10.3 to 3.8 (11 deaths Maori women, 2012)

Screening coverage last 3 years New Zealand women 25-69 years

Target for all women 80%

- Maori 65.5%
- Pacific 75.7%
- Asian 64.8%
- European/other 81.7%
- Overall 76.7%
- Only Nelson-Marlborough reached target

Key questions for the NCSP

- How do we reach the target for the whole population?
- What is needed to increase participation rates for Maori women?
- Why are Pacific women participating much more successfully than Maori women?
- With Asian women a growing part of the population, do we understand what is needed to enable them to participate in the programme?

Special duty owed Maori women

- Judge Cartwright emphasised duty to Maori women
- Maori women a “priority” from 1989
- Kai Tiaki legislation
- Maori Monitoring and Equity group

Review Committee 2015

- “DHBs and PHOs develop and deliver their own recruitment strategies. These initiatives are supported by the incidental marketing campaigns and funding arrangements through the NSU. However, there is no nationally led, strategic recruitment plan that provides leadership, guidance and a coordinated approach to improving participation. A nationally coordinated and consistent recruitment strategy is essential.”

Other concerns about NCSP

- Significant delays following up women with high grade smears, esp Pacific women
- Need to systematically action monitoring results
- Need to systematically audit cases of all women who develop cervical cancer
- Linkage needed between HPV immunisation data and Register

Cost of screening

- Cost screening to women in variable
- Cost a known barrier to participation
- DHBs lack levers to incentivise PHOs
- Free smear taking limited and not well known
- Any savings from HPV screening put back into free screening
- Pilot free screening

Co-ownership & consumer participation

- Judge Cartwright recommends a partnership model
- Strong support for screening programme from public
- Current consumer participation meagre and occasional
- Involvement Maori women needs strengthening

Some key considerations for NCSP

- Programme well short of follow-up targets for women with high-grade cytology
- No clear pathway between monitoring reports and action
- No regular ongoing audit of cases of cervical cancer
- No link between immunisation data and NCSP Register