Corporate Services

3 November 2021

[redacted]

Dear [redacted]

YOUR OFFICIAL INFORMATION ACT (1982) REQUEST HBDHB REF: OIA2021120

I refer to your Official Information Act request dated 14 September 2021 where you requested information from Hawke's Bay District Health Board (HBDHB). Your questions and HBDHB's response is provided below:

Please provide the following information:

- ***Any reports, ministerial briefings, internal or external emails or work looking at the effect of last year's Covid-19 lockdown disruption on cervical cancer treatments and screenings/smears.***
- ***Any data, reports, ministerial briefings, internal or external emails estimating or discussing the number of cervical cancer smears that have been or are expected to be missed due to the August 2021 lockdown.***

Please find attached to this email the following documents which look at the effect of last year's COVID-19 lockdown on cervical cancer treatments and screenings/smears:

- Cervical Screening April 2021
- Board report to Feb 2021
- Cervical Screening board report Quarter 1 2021
- NSU 6 monthly report July – December 2020
- NCSP 6 monthly report Jan – June 2021
- Letter to DHBs from Ministry of Health re response to COVID-19 colposcopy services
- Letter from Ministry of Health – feedback on six monthly report July – December 2020
- Email from Ministry of Health re NSU COVID-19 update to colposcopy units and screening programmes
- Email – change to the post COVID colposcopy reporting

There is a Health Improvement Quarter 4 reporting for Board 2020 document. You can view this publicly available document by following this link: https://hawkesbay.health.nz/assets/Board-Meetings-from-2017/2020-Board-Meetings/BOARD-papers-for-meeting-19-August-2020-PUBLIC.pdf

An additional document "Health Improvement & Equity 3rd Quarter report May 2020" is withheld as it is a public excluded document and has therefore not been provided in this request.

There are no documents which estimate or discuss the number of cervical cancer smears that have been or are expected to be missed due to the August 2021 lockdown. Therefore, under section 18 (g) of the Official Information Act relating to information not held decline to provide a response to this portion of your request.

Hawke's Bay DHB numbers for cervical screening have been affected by COVID alert levels. Factors include restrictions during Alert Level 4 and general practices giving priority to registered patients as opposed to casuals. The DHB does provide free clinics within the community and by holding outreach clinics with Support to Service partners (SSP) mainly for priority group women; Māori, Pasifika, Asian, other 30+ unscreened or under screened.

Since COVID lockdown 2020, Hawke's Bay DHB has responded to decreasing numbers seen by increasing screening clinics to weekly in Napier and fortnightly in Hastings, as well as working within the community two days per week. The DHB also provides funding to subsidise screening services to address the cost of screening for high needs women. For more initiatives on how HBDHB plans to address the decline in screening please see the attached document Wellbeing Clinic Response. There are some redactions in this document under section 9 (2)(a) of the Act.

Hawke's Bay DHB is aware the Ministry of Health has received a similar request and will respond separately with information it holds.

I trust this information meets your needs. If you would like any further information or clarification please phone me. If you are not satisfied with this response you may contact the Office of the Ombudsman, phone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Hawke's Bay DHB website after your receipt of this response.

Yours sincerely

Executive Director – Health, Improvement & Equity

cc: Ministry of Health via email: SectorOIAs@moh.govt.nz
oia@hbdhb.govt.nz

Cervical Screening

Māori women are 2.5 times more likely to die from cervical cancer than European women, and Pacific women are twice as likely to die from cervical cancer as European women.

Cervical screening participation as at March 2021 – Target is 80%

Ethnicity	NCSP Hysterectomy Adjusted Population (n)	Women Screened in Last 3 Years (n)	3 Year Coverage (%)	Additional screens to reach target
Māori	10,860	6,694	61.6%	1994
Pacific	1,393	872	62.6%	242
Asian	2,717	1,701	62.4%	473
Other	30,253	21,890	72.4%	2312
All eligible women	45,223	31,099	68.9%	5079

Hawke's Bay coverage has dropped significantly for two reasons:

- COVID-19 where all routine screening was halted during Alert Level 4 and heavily impacted during Alert Level 3. The number of women being screened in general practice has declined.
- The National Screening Unit (NSU) applied the population projections as at 30 June 2019. Population growth for Māori is 13% and 14% for Pacific
- Plus the options of where to have a smear in HB are limiting if a woman wishes to have a smear elsewhere. Redacted under s9 (2)(g)(i) [redacted]

Screening team have increased our Napier Health Centre clinics to weekly and our Hastings clinic to fortnightly, and working in the community two days per week.

We've developed the attached Wellbeing Clinic proposal, this initiative has been derived from the feedback we have received from wahine we have seen either in a home visit or in our clinics. The proposal has been discussed with s9 (2)(a) [redacted] The PHO had advised us they will discuss the proposal at their next Clinical Council meeting in April, we're waiting to hear the outcome of that meeting.

Wellbeing Clinics Proposal Nov 2020.c

We're meeting Sports Hawkes Bay to discuss promoting wahine wellness amongst netball clubs focusing on cervical, breast and bowel screening along with HPV vaccinations. We'll be looking at providing clinics suitable to wahine, and offering prizes for the club with the most wahine stepping up and attending a wellbeing clinic.

We have signed with Smear your Mea. We strongly support this kaupapa and looking forward to hearing our application to join the campaign has been accepted.

Outside the scope of the request

[redacted]

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

[redacted]

Cervical Screening

Māori women are 2.5 times more likely to die from cervical cancer than European women, and Pacific women are twice as likely to die from cervical cancer as European women.

Cervical screening participation as at February 2021 – Target is 80%

Ethnicity	NCSP Hysterectomy Adjusted Population (n)	Women Screened in Last 3 Years (n)	3 Year Coverage (%)	Additional screens to reach target
Māori	10,846	6,680	61.6%	2088
Pacific	1,390	881	63.4%	231
Asian	2,706	1,701	62.9%	464
Other	30,253	21,837	72.2%	2365
All eligible women	45,195	31,099	68.8%	5057

Hawke's Bay coverage has dropped significantly for two reasons:

- COVID-19 where all routine screening was halted during Alert Level 4 and heavily impacted during Alert Level 3. The number of women being screened in general practice has declined.
- The National Screening Unit (NSU) applied the population projections as at 30 June 2019. Population growth for Māori is 13% and 14% for Pacific
- Plus the options of where to have a smear in HB are limiting if a woman wishes to have a smear elsewhere. Redacted under s9 (2)(g)(i) [redacted]

Population Screening team have increased our Napier Health Centre clinics to weekly and our Hastings clinic to fortnightly, and working in the community two days per week.

Redacted as outside the scope of the request

[redacted]

[redacted]				
[redacted]				
[redacted]				
[redacted]				
[redacted]				

[redacted]

Cervical Screening

Māori women are four times more likely to die from cervical cancer than European women, and Pacific women are twice as likely to die from cervical cancer as European women.

Cervical screening participation as at September 2020 – Target is 80%

Ethnicity	NCSP Hysterectomy Adjusted Population (n)	Women Screened in Last 3 Years (n)	3 Year Coverage (%)	Additional screens to reach target
Māori	10,790	6,709	62.2%	1923
Pacific	1,385	882	63.7%	226
Asian	2,659	1,589	59.8%	538
Other	30,225	21,209	70.2%	2971
All eligible women	45,059	30,389	67.4%	5659

Hawke's Bay coverage has dropped significantly for two reasons:

- COVID-19 where all routine screening was halted during Alert Level 4 and heavily impacted during Alert Level 3. We continue to still the impacts on cervical screening across all ethnicities
- Practice nurses have also reported to the team that they have noted that there is a decline in the uptake from wahine who had never had a smear or had lapsed screening history

Redacted under s9 (2)(g)(i) [redacted]

Outside the scope of request [redacted]

[redacted]

From: [redacted]

Subject: Change to the post-COVID colposcopy reporting - less work hopefully
Date: Friday, 16 October 2020 11:25:33 AM
Attachments: Colposcopy Post-COVID reporting template, July - Dec 2020 updated 16 Oct 2020.docx
Colposcopy Reporting Template.docx

Hi all

I appreciate the additional work involved in the colposcopy post-COVID reporting. This was needed to identify any areas of clinical risk post COVID Government Levels 4 (and 3).

After reviewing the post-COVID reporting we have made changes which will hopefully be less work for many of you.

1. From now on, the Ministry only needs you to complete the post-COVID reporting template (ie, the deeper analysis) if your timeliness results are <70% of women seen within the time for women referred with a HG and LG result.

- You don't need to complete this report if only Treatment time frames are <70%.

.
2. I still need your mid-term report due on 31 October 2020. NB This is now a 3 month report, not a 6 month report. (On review this will better show improvements in the timeliness of women seen post-COVID).

I have a couple of very efficient people already sent me data for the mid-term report. I'd appreciate it if your analyst could re-run the data with the 3 month timeframe. It will show better results for DHBs. Not urgent as you were so efficient!

If you have any queries don't hesitate to contact me.

Thanks for all your hard work with colposcopy.

[redacted]
National Cervical Screening Programme
National Screening Unit, Population Health and Prevention
Ministry of Health

[redacted]

USE THIS REPORTING TEMPLATE IF TIMELINESS <70% for HG and LG

Colposcopy Services - Post-COVID Reporting	
DHB	**HAWKES BAY DHB 1/7/20 - 31/12/20**
Period	**1. 1 January to 30 June 2020 - due 31 July 2020 (6 months) – COMPLETED** **2. (MID TERM REPORT) AMENDED 1 July to 30 September 2020– due 31 October 2020 (changed from 6 months to 3 months) COMPLETED** **3. 1 July to 31 December 2020 – due 31 January 2021 ATTATCHED** Reporting after this will be advised.

The Ministry only needs you to complete the post-COVID reporting template requiring deeper analysis if your timeliness results are <70% for women referred with a HG and LG result seen within the timeframe.

****You do not need to complete this if only Treatment is <70%.**

Otherwise, just send the usual GynaePlus Breach of Standards Report, and the usual reporting template.

Instructions:

Redacted under s9 (2)(b)(ii)

Your analyst simply needs to write these reporting period dates into the script (as they would normally do).

Contact s9 (2)(a) you need help doing this.

s9 (2)(a)

USE THIS REPORTING TEMPLATE IF TIMELINESS <70% for HG and LG

Colposcopy Services -Post-COVID Reporting template									
1. 1 January to 30 June 2020 - due 31 July 2020 – (Usual 6-months) 2. 1 July to 30 September 2020 (additional report)– due 31 October 2020 - Mid-term report (3 months) 3. 1 July to 31 December 2020 – due 31 January 2021 – (Usual 6-months) Reporting after this will be advised									
	From the Breach of Standards report NB If women aren't a 'true' 'breach, eg they changed their appointment, they can be counted in the appropriate category					This information can be found in the list of 'breaches'			
HIGH GRADE: Percent of women with a high-grade cytology result having an appointment to be seen within 20 working days	Number of referrals in the period	Less the number of 'false' breaches eg, women who transferred in and their status is not recorded correctly	= TOTAL REFERRALS	Number / percent who had an appointment to be seen within 28 days		Number / percent whose appointment to be seen was >1 month and <2 months		Number / percent whose appointment to be seen was >two months)	
	Number	Number	Number	Number	Percent	Number	Percent	Number	Percent
	94	2	92	56	61%	32	58%	4	4%

USE THIS REPORTING TEMPLATE IF TIMELINESS <70% for HG and LG

	From the Breach of Standards report NB If women aren't a 'true' 'breach, eg they changed their appointment, they can be counted in the appropriate category					This information can be found in the list of 'breaches'			
LOW GRADE: Percent of women with a low-grade cytology result having an appointment to be seen within six months	Number of referrals in the period	Less the number of 'false' breaches eg, women who transferred in and their status is not recorded correctly	= TOTAL REFERRALS	Number / percent who had an **appointment to be seen** within 6 months		Number / percent whose **appointment to be seen** was >6 months and <9 months		Number / percent whose **appointment to be seen** was >9 months	
	Number	Number	Number	Number	Percent	Number	Percent	Number	Percent
	74	1	73	22	30%	45	62%	6	8%

	From the Breach of Standards report NB If women aren't a 'true' 'breach, eg they changed their appointment, they can be counted in the appropriate category					This information can be found in the list of 'breaches'			
TREATMENT: Percent of women with confirmed high-grade lesions treated within 8 weeks of histological confirmation	Number of referrals in the period	Less the number of 'false' breaches eg, women who transferred in and their status is not recorded correctly	= TOTAL REFERRALS	Number / percent who were **treated within 8 weeks of histological diagnosis**		Number / percent **not treated >8 weeks and <10 weeks from histological diagnosis**		Number / percent **not treated >10 weeks from histological diagnosis**	
	Number	Number	Number	Number	Percent	Number	Percent	Number	Percent
	46	0	46	34	74%	4	9%	8	18%

USE THIS REPORTING TEMPLATE IF TIMELINESS <70% for HG and LG

If you have not met the standard, what actions are being taken to improve timeliness? Trying to have extra colposcopy clinics as roster allows, training a Nurse Colposcopist.

When do you expect to be back to pre-COVID levels of activity? We are now working at pre covid level of activity in colposcopy.

s9 (2)(a) [redacted]

[redacted]

Subject: National Screening Unit: COVID-19 update to colposcopy units and screening programmes

Kia ora Colposcopy Providers,

The National Screening Unit have been meeting today to develop a COVID-19 response action plan to guide decisions about screening delivery and how we can support you as providers. This email provides advice for the **national cancer screening programmes.**

Following the Prime Minister's announcement today that New Zealand will move to a level 4 COVID-19 response, Clinical and Operational Managers within the National Screening Unit have decided that:

Cervical Screening

1. All routine screening will stop during this four week period. This means participants should not be invited to screening from **tomorrow**, **Tuesday 24 March 2020**. Any scheduled screening appointments should be cancelled. Assessment / diagnostic clinics should also be cancelled for the next four weeks until the response level is reviewed.

2.

2. We expect that any participants with a suspicion of invasive cancer will continue to be referred along the treatment pathway as this is considered urgent care.

3.

This decision will be reviewed in four weeks time on or before **Monday 20 April 2020** unless the situation changes.

DHB colposcopy units

The NCSP provides the following guidance in relation to prioritisation of colposcopy referrals during the Covid19 Level 4 alert.

Assessment and treatment of referred participants in the following order:

- Priority one - referral of a high grade result with suspicion of invasive cancer
- Priority two - referral of a high grade result
-

Please advise the NCSP Programme Manager of any capacity issues in relation to these priorities. We will review these daily to enable timely decisions to be made and communicated to you.

The NSU will publish advice for women on the 'Time to Screen' website.

Finally, thank you for all that you and your team are doing to manage this rapidly changing situation.

Ngā mihi nui,

s9 (2)(a)
Manager
National Cervical Screening Programme
National Screening UNIT
Population Health and Prevention
Ministry of Health
s9 (2)(a)

s9 (2)(a)

NCSP Reporting Template

Note:
January – June reports are due on 31 July each year.
July – December reports are due on 31 January each year

NCSP Coordination and Invitation and Recall Services

DHB	Hawke's Bay District Health Board
Reporting Period	1 January – 30 June 2021

In the last six months, what have you done to lead sector engagement and communication on cervical screening? Describe activities and the outcomes of these activities with the following groups:

- **Primary Health Care Providers and stakeholders**

Coordination of screening services and activities;

- Our Stakeholders group has continued to meet as regularly as these covid times have allowed. In addition zoom is now a permanent option. Our group now includes two Bowel Screening Kaitakawaenga (2 new positions with in our DHB). In addition members of the DHB cultural liaison team and the Pasifika team along with the Smoke free, and the Immunisation's teams participate as required. We feel we are now even better placed to provide and grow holistic approaches for our vulnerable populations, utilizing clinical and cultural expertise as required.

- The E.I.T. annual smear taker course was promoted widely by stakeholders. The delivery of the smear taker course continues to be supported by our Population Screening team, delivering key components and maintaining our cross-sector relationships. Especially with Primary Health, and the education and tertiary sectors. Our aim is to grow our ethnically diverse, gender inclusive smear taker capacity. This will ensure the workforce is poised to respond to the evolving changes and the current challenges they bring. Peer support for our diverse smear taker workforce continues to be provided by the Population screening team and SSP's, as workforce development remains an important pathway to equity.

- [redacted] Redacted as outside the scope of the request [redacted]

- We continue to see a decline in the number of smears being provided in general practice. COVID has had a significant impact on the availability of resources for cervical smears. Redacted under s9 (2)(b)(ii) and s9 (2)(g)(i) [redacted]

- Feedback from NCSP Coordinators Meetings continue to be shared. Main points for this period included:

- Increase (20% increase for HB eligible women) in CS for all population groups during June. Data shows the proportion of Māori and Pacific women screened has been decreasing and continues to do so this is a major concern for HB
- We're waiting for the updated Karo reports which would assist us to identify and prioritise wahine. It would also reduce some of the additional work that Practice Nurses are required to.

- Our annual smear taker update was scheduled for June 24th. See attached flyer. But due to Covid level changes at the time it was postponed. We have rebooked for the 28th September. In addition to the original programme we will also have s9 (2)(a) with us speaking on behalf of the SYM Trust.

Cervical and Breast Screening Annual U

- Our Lletz pamphlet has been revised following a period of pre-testing. The pretesting included wāhine who were attending Colposcopy and required treatment. Attached is the final version.

2013961 LETTZ Treatment of the Cer

- A Mana Wahine health promotion event was held on 13th February 2021 at Royston, providing both cervical and breast screening services on the day. Wahine invited to attend, were advised that no appointment was required 'just drop in' between 10.30 – 2pm on the day. Alongside these services, other mana wahine enhancing activities took place. Attached is the poster promoting the event and the evaluation report.

Mana wahine breast cervical scree

Mana Wahine -2021 evaluation rep

Ongoing Improvement of data quality and systems;

- Supporting practices to prioritise improvement of data quality and systems, continues, with PHO support. Standards are inconsistent.

- Ongoing reminders to sample takers to check that the Laboratory recall recommendation woman's history aligns with the with the NCSP recommendations.
- A working group has been formed by the programme to improve the PHO Data match report. Enabling the report to be more beneficial to general practice.

- Redacted under s9 (2)(b)(ii) and s9 (2)(g)(i)

- The Population Screening team will be moving to using Medtech to assist clinical documentation, data collection as well as a booking system for outreach and popup clinics. This was planned to commence July 2021.

Colposcopy service providers:

NCSP Screening Support Services Providers

- Though zoom we are able to continue to stay updated with our SSP providers.
- Napier Health Centre now hold weekly clinics. Fortnightly clinics are held at Heretaunga Women's Centre depending on staff availability, In addition we have begun a weekly clinic at the Camberley Community Centre. Other popup Clinics are held on the Hospital campus in Hastings, Wairoa and Waipukurau, based on staff demand and resources.
- We were down two admin staff from November 2020 through to the end of March which has seen the remaining staff take on other responsibilities to manage our busy work load. This has affected our outputs. Unfortunately our nursing resources are shared with Public health which impacts on what we are able to achieve.
- We are looking forward to working to engaging more nursing staff which we hope will have an positive impact increasing our coverage rate as well as allowing us to take on and run extra clinics for our priority wahine.
- One issue having a huge impact that we are seeing more of in the community, is the housing crisis. It is proving difficult trying to track wahine who have no fixed abode. This resulted in labs refusing to accept these smears. However as a solution we have since agreed that the business address of the smear taker will become the women temporary address.
- Then there are ongoing challenges to find these wahine where colposcopy is required. Particularly those that have mental health and other social issues. These usually need to be addressed before treatment is accepted. Quite frequently we hear "I can only deal with one thing at a time" and these wahine have multiple concerns that they prioritise!
- Our SSPs and Kaiwhakahaere continue to participate in monthly Radio promotions with Radio Kahungunu. These sessions cover a range of health and wellness session and include promoting the various services available across the region!
- Kahungunu Executive meet with s9 (2)(a) [redacted] to discuss the HPV Study in Wairoa. The Kahungunu Executive staff also meet Breast Screening Coast to Coast Equity Co-ordinator and Population Screening team, in preparation for the BSA Mobile visit to Wairoa in March and April

Population Screening Regional Action plan – January – June 2021

Human papillomavirus (HPV) immunisation providers

- Ongoing efforts continue, to raise this kaupapa with PHC, other stakeholders, and across our Health Improvement & Equity directorate.
- We are have a monthly post on our DHB Facebook page promoting the benefits of the HPV vaccination. Radio Kahungunu also used to promote this kaupapa.
- PHC continue to feel under resourced and unable to prioritise the HPV vaccine. Smear takers continue also to be encouraged to educate and support the uptake of the HPV vaccination.

NCSP Register services

DHB	Hawke's Bay District Health Board
Reporting Period	1 January – 30 June 2021

What are the key activities that have been undertaken in the last six months?

- Provided medical practices with Cervical Screening histories from their lists of newly registered women. These lists also include new demographics of address and telephone contact details which are then updated on the NCSP Register.
- Referrals were received from medical practices for support to services for priority women who are overdue for a cervical smear. These women are often difficult to locate due to change of address and phone, and haven't responded to letters sent out by the practices. The referrals are distributed to our team of SSPs to follow up and are regularly monitored. All outcomes of these referrals once known are entered in our database and practices are informed.
- The referral database has been updated. This improve the information provided to SSPs to assist them when contacting women who have been referred to Colposcopy.
- Referrals for Colposcopy clinic are received from the Outpatient Waiting List Co-ordinator. They are then passed on to SSP's for Maori and Pacific women with high grade Cytology results (and selected low grade results) in order to reduce non-attendance to Colposcopy appointments. Referrals are mail merged, passed onto SSPs, monitored and followed up where needed. ISSPs are then informed when women decline support and then DNA. Then they can be actively followed up and re-engaged to services.
- The team endeavour to provide screening histories promptly. And to respond to enquiries to support smear takers, clients, and medical practice staff as required.
- Quality of Smear reports to nurse smear takers when requested.
- NCSP Colp worklist tasks followed up on to ensure Colp. Outpatient clinics are recording and entering all visits, DNAs and discharges.
- Monthly data is received from Health HB re priority wahine who have received smears. From this data, each woman is audited against the NCSP Register to ensure the correct ethnicity is captured. If there is a mismatch the woman's practice is contacted to check the correct ethnicity is recorded on their registration form.

What arrangements do you have in place to ensure that Primary Health Care Providers are using the data matching information available to PHOs? Outline the support you are providing.

- When visiting practices we have requested the latest PHO Data match report, to be sent to us to update. It is then returned to the practice for updating on their systems. Reports were updated but the data at the Practice end wasn't updated on their PMS. Visits to general practice have recommenced in May and work is being done with key nurses to ensure they understand what is required to update their PMS using the PHO Data match report.
- It's becoming essential to update the reports sent to Practices to identify the anomalies. Provided also is demographic information on the PHO Data Match report which is beneficial to the Regional teams.

Do you have any other comments to make?

- Opportunities to maintain relationships with workplaces, community groups, and Churches have been limited though continue to be a priority when planning or consulting regarding health promotion activities.
- Advocating/lobbying and developing submissions have continued as needed. These activities support education and communications around topical issues; and changes to the NCSP. Specifically around the significance of HPV, vaccinations – both HPV and general vaccinations, HPV primary testing, and the proposed introduction of HPV self- testing. Local channels and organisations such as MWWL local Maori businesses continue to provide opportunities to connect with our wider communities.

Cervical screening in priority group women

DHB	Hawke's Bay
Reporting Period	1 January – 30 June 2021

Provide an update on how the free smear funding is being utilised in your Region.

The DHB subcontracts smear taking to Health Hawke's Bay Te Oranga (PHO).

The number of Priority group smears taken for the period January – June 2021 were on a par compared to the 18/19 year 20% more than the same time in 19/20 year. In effect with the same number of smears being taking in 20/21 as the 18/19 is not ideal as we have had a 14% growth in our projected population figures. So this static status means we have a decrease in coverage.

Provide confirmation that reviews / audits have been undertaken to ensure that the eligibility criteria for the funding has been met.

- Each month we receive a list of who has had a free smear, identified by NHI, name of sample taker, health facility, and ethnicity. This list is audited each month by our Administrators checking the ethnicity of each woman using our Hawke's Bay DHB PMS – ECA and checking the NCSP-Register. Any discrepancies with the woman's ethnicity is verified with her General Practice.
-

Colposcopy services

This information is to be provided by Colposcopy Services in your district.

DHB	
Reporting Period	

Outline any areas of non-compliance with meeting the timeliness standards as per Section 6 of the Policy and Quality Standards – Providing a colposcopy service (attach separately, if necessary).

Notes

The Ministry is most interested in the following three standards:

1. Standard 602: 95% of women with a high grade smear, including with a glandular abnormality receive a colposcopy appointment to be seen within the next **20 working days** from when the colposcopy unit received the referral from the smear taker / referrer.

2. Standard 602: 95% of women with persistent low-grade abnormalities or a low-grade abnormality and positive hrHPV test receive a colposcopy appointment that should not exceed **26 weeks** of the colposcopy unit receiving the referral.

3. Standard 605: 95% of women with confirmed high-grade lesions are treated within **8 weeks** of histological confirmation.

What actions are being taken to be compliant?

Financial Report

Achieving 80% coverage for cervical screening

Outline

- your coverage at the start of the reporting period for each ethnic group and overall
- your performance improvement target for the year, and progress against this in December and June

Year 2020/21	Base line coverage (to be identified at the beginning of the financial year)	Coverage target for the financial year	Coverage achieved December	Coverage achieved June
Māori	63.6%	76.5%	62.5%	65.6%
Pacific	63.8%	75%	63.5%	65.8%
Asian	59.2%	64%	62.2%	61.2%
Other	70.6%	78.5%	72.1%	72.6%
TOTAL	68.1%	77%	68.9%	70.1%

If 80% coverage has not been met, what are you planning to do to increase coverage rates in particular for Priority Group Women in the next six months?

- Commenced a plan to improve the referral pathway and other options to optimise where wahine can have a cervical smear. Essentially most wahine can only have a smear at their GP practice in HB.
- Continuing to meet with s9 (2)(b)(ii) what other options are available within General Practice to offer screening clinics for casual patients and registered patients who would prefer outside of their GP practice
- Develop and produce a newsletter providing up to date information and tips for health professionals
- Organised to have the relevant information on who is attending a Gynaecological appointment in Villa 4, on a weekly basis, women booked in will have their cervical status checked against the NCSP-Register, if overdue the Gynaecological nurses will be informed

Provide information on Cervical Screening Updates held in the last six months. If you haven't scheduled an update in this reporting period, outline when one is planned.

Planning has commenced for our annual Cervical and Breast Screening update which will be held in 2021, date has been set for March. This date may need to be pushed out due to staff being on leave

Redacted under s9 (2)(g)(i)

[redacted]

MINISTRY OF HEALTH
MANATŪ HAUORA

PO Box 5013
Wellington 6145
New Zealand

19 April 2021

s9 (2)(a)
Service Manager, NCSP
Hawke's Bay DHB

By email: s9 (2)(a)

Dear s9 (2)(a)

Six monthly colposcopy reporting, July to December 2020

Many thanks for the colposcopy six monthly reporting received.

As mentioned, the Ministry is most interested in the following three standards:

1. Standard 602: 95% of women with a high-grade smear, including with a glandular abnormality receive a colposcopy appointment to be seen within the next 20 working days from when the colposcopy unit received the referral from the smear taker / referrer.
2. Standard 602: 95% of women with persistent low-grade abnormalities or a low-grade abnormality and positive hrHPV test receive a colposcopy appointment that should not exceed 26 weeks of the colposcopy unit receiving the referral.
3. Standard 605: 95% of women with confirmed high-grade lesions are treated within 8 weeks of histological confirmation.

Trend data for your DHB is as follows:

In terms of women referred with a high-grade result:

	Standard 602 - High Grade - 95% seen within 20 working days									
	July-Dec 2018		Jan-June 2019		July-Dec 2019		Jan-June 2020		July-Dec 2020	
DHB	% appt	% seen	% appt	% seen	% appt	% seen	% appt	% seen	% appt	% seen
Hawke's Bay	81	79.4	n/s	41.2	n/s	77.9	60.9	56.5	61	n/s

For women referred with a low-grade result:

	Standard 602 - Low grade - 95% seen within 6 months									
	July-Dec 2018		Jan-June 2019		July-Dec 2019		Jan-June 2020		July-Dec 2020	
DHB	% appt	% seen	% appt	% seen	% appt	% seen	% appt	% seen	% appt	% seen
Hawke's Bay	62	57	n/s	18.8	n/s	41.3	20.7	18.4	30	n/s

Data related to women treated is:

	Treated within 8 weeks				
	July-Dec 2018	Jan-June 2019	July-Dec 2019	Jan-Jun 2020	July-Dec 2020
DHB	% treated	% treated	% treated	% treated	% treated
Hawke's Bay	60.4	54.5	62.8	51.3	74

In terms of the data provided, while the results for women with a high-grade result being seen within 4 weeks could be improved (61%), 96% of women were ultimately seen within 8 weeks.

The results for women with a low-grade result being seen within 6 months are low at 30%, however 92% of women were seen within 9 months.

Post-COVID it was recommended that priority be given to women with a high-grade result being seen. This does appear to have happened in your DHB in comparison to women with a low-grade result being seen. As noted above, it is pleasing to note there was good catch up in the period afterwards.

The last page of the report provides the opportunity to explain the results. This has not been completed.

Are you able to send a brief email to document the factors that impacted on these results?

Kind regards

s9 (2)(a)
Senior Portfolio Manager - NCSP
National Screening Unit

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20 April 2020

Memo to: DHB Planning and Funding Managers
Colposcopy Service Managers

Contractual arrangements between the Ministry and DHB colposcopy providers

This letter provides details of the Ministry's approach to managing the impact of COVID-19 on colposcopy services which are paid as fee-for-service.

The effects of COVID-19 have limited the ability of DHB colposcopy providers to provide contracted services.

In order to support DHBs during the COVID-19 outbreak, the Ministry has agreed to compensate DHBs for a 4-month period.

Between **1 March and 30 June 2020 the Ministry will pay DHBs based on the volumes delivered for the same month in 2019**.

Funding, invoicing and terms are **attached** in Appendix 1.

Please note that it is our expectation that where services associated with this Agreement are sub-contracted that this remuneration model is reflected down to your sub-contractors.

We are making these changes to ensure you can keep your workforce employed during the coming months.

Your current agreement expires 30 June 2020. From 1 July 2020 DHBs will receive an updated variation to the agreement. This will include fixed funding of 90% of the volumes predicted for the 2020/21 year and variable funding for any services delivered over and above the fixed funding. Further information on this will follow.

I'd like to thank DHB colposcopy services for their support and managing the challenging issues that have arisen from the impact of the pandemic during these unprecedented times.

Ngā mihi

Deborah Woodley
Deputy Director General
Population Health and Prevention

Appendix 1

Details of the Purchase Units which apply

Purchase Unit (PU ID)	Volumes	Invoicing
NCSP-10 Gynaecology - Colposcopy	Maximum volumes able to be claimed will be based on monthly volumes claimed between **March and June 2019**	Invoice as usual to the NCSP
NCSP-20 Gynaecology – (High Cost) Colposcopy Directed Treatment		

Payment Details

Payments will be made by us on these dates:	On invoices received by us on or before:	For services supplied in the period:
20 March 2020	7 April 2020	March 2020
20 May 2020	7 May 2020	April 2020
22 June 2020	8 June 2020	May 2020
20 July 2020	7 July 2020	June 2020

Terms

It is our expectation that where services associated with this Agreement are sub-contracted that this remuneration model is reflected down to your sub-contractors.

Cervical Screening – new investment
Wellbeing Clinic Response

Purpose:

To develop a partnership-based response to the decline in cervical screening resulting from COVID restrictions and other barriers wāhine are experiencing in accessing screening services.

Background:

Health Hawke's Bay PHO provides a cervical screening recall and screening service to their enrolled population through their general practice provider network. Recall systems are implemented in each general practice Patient Management System (PMS). Each practice PMS identifies women eligible (new, due and overdue) for screening services and generates an invitation to be screened via text, patient portal message, letter or phone call (or a combination thereof).

HBDHB provides funding to subsidise the co-payment for high needs women accessing screening services in general practice. This is designed to address the cost barrier for this group but the general practice-based screening recall and screening service relies on eligible women being proactive around accessing these services. General practice has limited resources to follow up and encourage hesitate women to participate in screening services and limited ability to provide services other than practice-based services during normal business hours.

The Population Health Screening Team facilitated a working group to design and develop a community-based wellbeing programme to increase screening rates for women with a focus on addressing inequity for Māori and Pasifika. The programme will be complementary to the general practice-based screening service and align with HIED strategic direction - address inequity, improve health outcomes for Māori and Pasifika, and increase hauora approaches. The programme also responses to the Ministry of Health investment to address the impact COVID restrictions have had on screening.

Trends in screening (outlined below) demonstrate that there has been a gradual decline in screening rates and this has been significantly exacerbated by COVID restrictions. Of particular note is the drop from 74.6% to 62.5% for Māori. While a catch up is required there is also an opportunity to look at a longer term solution to address the trend of declining screening rates.

Data relating to this proposal:

HB Cervical Screening Coverage for Women Aged 25-69 Years only up to Dec 2019

Ethnicity	NCSP Hysterectomy Adjusted Population	Women Screened in Last 3 Years	3 Year Coverage (%)	Additional screens to reach target
Maori	**9,521**	**7,105**	**74.6%**	**512**
Pacific	**1,209**	**917**	**75.8%**	**50**
Asian	**2,637**	**1,588**	**60.2%**	**522**
Other ethnic groups	**29,287**	**22,170**	**75.7%**	**1340**
All eligible women	**42,655**	**31,780**	**74.5%**	**2,344**

HB Cervical Screening Coverage for Women Aged 25-69 Years only Dec 2020 – Population projections applied

Ethnicity	NCSP Hysterectomy Adjusted Population	Women Screened in Last 3 Years	3 Year Coverage (%)	Additional screens to reach target
Maori	**10,819**	**6,766**	**62.5%**	**1899**
Pacific	**1,388**	**881**	**63.5%**	**229**
Asian	**2,686**	**1,671**	**62.2%**	**478**
Other ethnic groups	**30,217**	**21,780**	**72.1%**	**2393**
All eligible women	**45,110**	**31,098**	**68.9%**	**4990**

Reducing rates of screening

Number of smears completed for priority group women 2018-19 contracted volume is 2800

Ethnicity	2918-19	2019-20	Jul - Dec 2020
Maori	**1,812**	**1,344**	**672**
Pacific	**243**	**173**	**81**
Asian	**428**	**431**	**262**
Other ethnic groups	**267**	**308**	**208**
Total	**2,750**	**2,256**	**1,223**

2020-21 July to December period the number of Maori wahine who have had smears is down 32% compared the July to December period in 2018. It is a similar rate for Pasifika.

Increased inequity for Māori, Pasifika and women with disabilities

Equity Gap Māori Cervical Screening rates

	Dec 2019	Mar 2020	Jun 2020	Sep 2020	Dec 2020	Equity GAP
Maori	74.6	66.0	63.4	63.1	62.5	>12.1
Pacific	75.8	67.4	63.6	64.7	63.5	>12.3
Asian	60.2	60.8	59.4	60.9	62.2	>2.0
Other	75.7	73.3	70.7	71.6	72.1	>3.6
All	**74.5**	**70.6**	**68.1**	**68.7**	**68.9**	**>5.6**

Responding to wāhine feedback about the service they need and barriers experienced

- *Very professional, felt comfortable around nurse. Thank you for being so persistent*
- *Amazing comfortable and well understood all information given*
- *Very comfortable and pleasant, great information*
- *Fantastic*

- *Great service from* s9 (2)(a) *, felt comfortable on sharing information and asking questions.*
  Process went well and felt relaxed. Thank you.
- *Pretty much glad it's out of the way, don't have to worry about the doctors sending anymore letter out to remind me about my smear test. Thank you ladies*
- *Glad to be pushed to do smear considering I always dodge.*
  Pretty stocked to say I finally did it :)
- *Having done in own home was amazing*
- *It was a lot better this time around than last time*
- *Home visit service is awesome, feedback and help very much appreciated*
- *Very good - and having it done in your own home*
- *Thank you, wouldn't of had unless this service was available. Been dodging for ages.*
- *Good idea, thank you for coming to Otane.*
- *Very pleased with how went, nurse who performed helpful and nice.*
  Good idea to come to kohanga to do this, grateful and appreciative.
- *Thank you so much am so happy it easy job.*
- *I was glad to have my check up at home (via Samoan translation)*
- *Quick and easy. Nothing was awkward or complicated.*
  So nice to have it done in own home.
  s9 (2)(a) *were amazing and made it so comfortable*
- *Made me feel comfortable. Easy to talk to definitely recommend to all women*
- *Thank you for the quality time spent with me.*

Informing the model:

Whānau voice about addressing access by:

- Being located in their community, workplace, and in the home
- Being open/delivered during hours that suit – outside work hours, weekends
- Have wellbeing focus – for wāhine and their whānau
- Culturally appropriate

Potential to build on local strengths and opportunities:

- Utilising existing resources – skilled nurses, current outreach services, community champions
- Community aspirations to have a wellness clinic in their community i.e. Camberley, Raureka
- Working with DHB partners with a shared focus on wāhine wellbeing i.e. Smokefree, Healthy Homes, Immunisation, Sexual Health, Haumaru Whānau, Tuai Kopu
- Build on positive screening messaging in the community.

Evidence shows:

- Wellbeing based services increase engagement and support wāhine to move their thinking to health and wellbeing. Also support a holistic approach - prevention and screening services are inter-related i.e. smoking increases breast and cervical cancer risk.[1]
- Services designed by consumers are effective – codesign shows increased
- Returning the power to wāhine motivates ownership over their health

[1] Ministry of Health, Maintaining Wellbeing. 2018
https://www.healthandsafety.govt.nz/assets/Documents/A_Guide_for_Maintaining_Health_and_Wellbeing.pdf

Proposed model

Wāhine centric approach, delivered in the community that incorporates a range of wellbeing services, and supports a wellbeing journey.

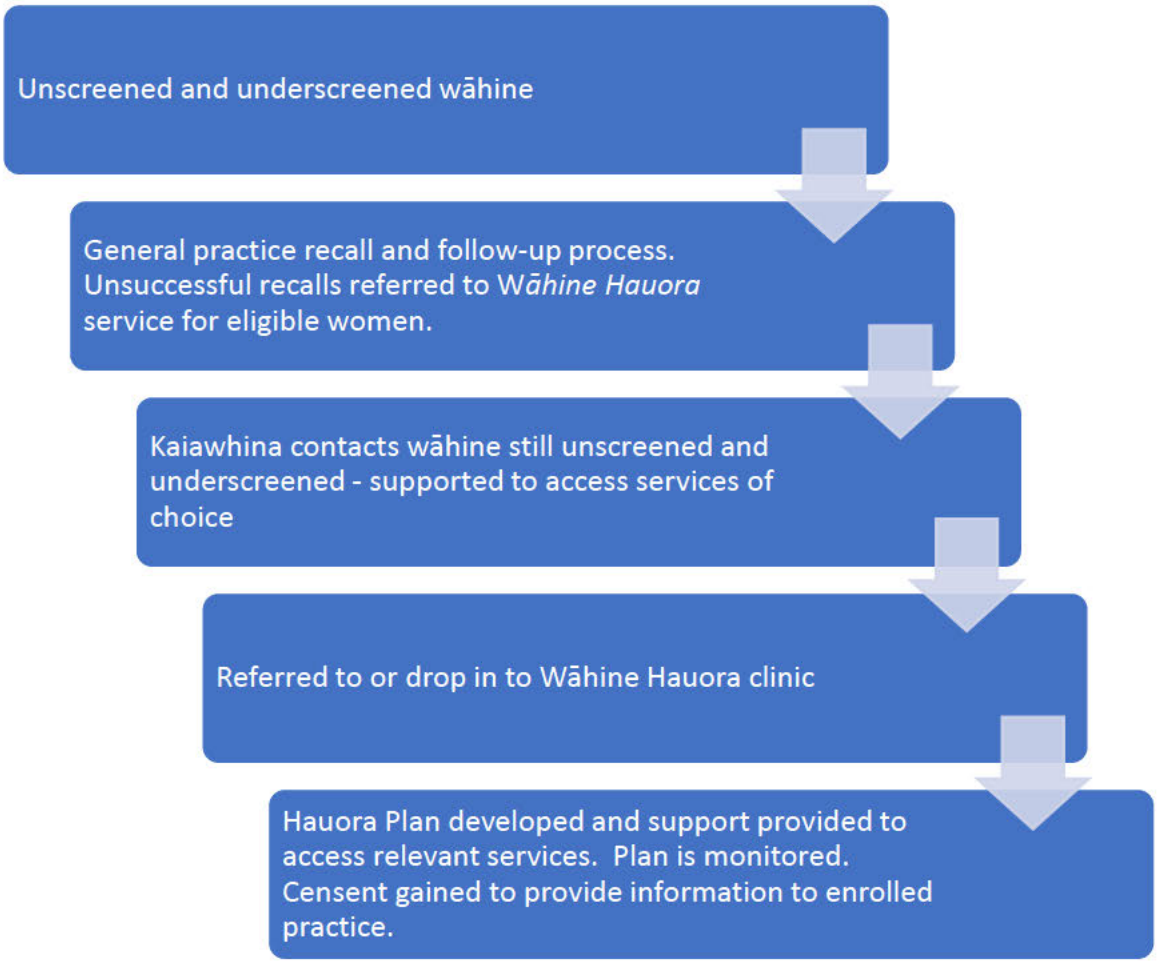
For the pilot wāhine hauora clinics are planned for Camberley, and Napier. Also testing the effectiveness of delivering in settings i.e. workplaces, Marae, and community centres. Services will utilise existing contracts, a small amount of additional investment, and include services from Smokefree, sexual health, immunisation, CVD checks, addiction, and screening.

This would be a weekly clinic designed and set up with the Community involved. With a .5 FTE to coordinate delivery.

Outcomes:

- Increased screening for Māori and Pasifika women
- Reduced barriers to services
- Increased confidence in having regular smears
- Genuine kaupapa Māori experience
- Improved health literacy

Pathway:



Linkages to other services

The Wāhine Hauora Clinic will ensure information is provided to general practice (with the consent of the wāhine). This will include their screening information, smoking status, CVDRA result (if applicable), immunisations (recorded on the NIR), and any health referrals.

Referral to other services will be a "warm referral" ensuring the wāhine is supported to engage. Relationships with other services will be developed to facilitate responses the goals identified in the wāhine plan.

Evaluation

The pilot will be evaluated to provide evidence to support service improvement and improved equity for wāhine Māori, Pasifka and women with disabilities.

The evaluation will include measure the outcomes of the wāhine hauora plans, screening coverage, and attitudes toward screening/accessing health services. Debriefing with the staff involved in delivering the clinics to identify access issues and opportunities to improve access. Finally collating wider learnings from the pilot.

This information will be written up in a report for wāhine, funders and service delivers.

Request for endorsement

We are seeking:

1. Feedback on the proposal
2. Support to facilitate the link with general practice
3. Opportunity to share the evaluation