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National Cervical Screening Programme
National Screening Unit
Ministry of Health

By email: ncsp@health.govt.nz

Tēnā koe

National Cervical Screening Programme (NCSP): HPV Primary Screening Clinical Pathway to Introduce Self Testing

Tōpūtanga Tapuhi Kaitiaki o Aotearoa, New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on the HPV Primary Screening Clinical Pathway to Introduce Self Testing.

NZNO is the leading professional nursing association and union for nurses in Aotearoa New Zealand, representing 51,000 nurses, midwives, students, kaimahi hauora and health workers on professional and employment matters. NZNO embraces te Tiriti o Waitangi and contributes to the improvements of the health status and outcomes of all people of Aotearoa New Zealand through influencing health, employment, and social policy development.

Furthermore, we share the intent of the Ministry of Health's definition of equity which equally applies to NZNO work across professional, industrial and member activities.

NZNO supports the implementation of HPV testing as the primary screening test within the NCSP.

NZNO has provided feedback as follows on the four questions promoted by the NCSP consultation.

1. What is your feedback on the proposed revised HPV primary screening clinical pathway?

- The proposed screening clinical pathway requires time frames to be included that give women and health professionals certainty for each step of the screening pathway.
For example:
 - Results of the HPV test reported to the woman and referring clinician within two weeks
 - Referral to a District Health Board (DHB) colposcopy service following a positive HPV and cytology test within four weeks
- Designated responsibility that sits with a health professional to follow women throughout the screening pathway.



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- A requirement for a centralised data repository within the NCSP to monitor programme performance. For example:
 - The number of women opting to have HPV testing
 - The number of positive results
 - The number referred to DHBs for colposcopy services
 - Wait time for services etc.
- Choice – women can choose between a cervical smear or HPV test.
- Education and training for all those involved in delivering the HPV screening pathway needs to be provided and consultation on what this includes needs to commence now.
- Promotion of the HPV screening pathway including the advantages and disadvantages for women, family and whānau needs to commence now.
- Consultation on how women can access HPV testing needs to be undertaken, including who pays the health provider (doctor, nurse practitioner, registered nurse) or non-clinical (kaiāwhina) when accessing the test.
- The move from a three-year to a five-year screening interval needs to be communicated to women, including the rationale for doing so. Reassurance that this is based on evidence / research and is not a means to reduce the frequency of testing or costs.
- For women who have been previously identified as having cervical abnormalities or cervical cancer, what options are available to them? Are they excluded from the HPV screening pathway? These issues need to be addressed and women fully informed.

2. What is your feedback on self-testing vs clinician-taken HPV tests?

- Informed consent is a factor that needs to be considered with the introduction of HPV testing. Women need to be informed of their options before they engage in the screening pathway.
- Education in how to complete a self-test is required so that women understand what to do to complete the test and how to deliver the HPV test to the health provider.
- Women should be informed that if the HPV test is positive, then they are required to undergo additional invasive investigations (For example: a cervical smear).

3. Do you foresee any problems with self-testing in a clinical setting, as part of the transition of the programme? What do you perceive as benefits?

- There is a perception that self-testing in a general practice setting equates to undertaking an HPV test in a toilet. This carries a negative perspective.
- What consideration is there for non-clinical settings?
- What is the availability of and is it in timely manner for follow-up colposcopy services and secondary care services e.g. chemotherapy or radiation therapy?
- The key benefit here is that a woman can access an HPV test at a time and place that suits her and that it is a minimally invasive procedure.

4. Do you foresee any likely impact on access and equity?

- With the introduction of a HPV self-testing option, the flow on effect will be an increased demand from Maori, Pacifica, and underserved populations.
- Yet, the debate remains - should women have to pay a consultation fee to see their health provider to access the HPV test? We would argue that the consultation should be at no cost for women. Has this issue been considered and what options are being perused?

We look forward to being part of the ongoing dialogue.

Thank you for the opportunity to contribute to your consultation process.

Nāku noa nā

A handwritten signature in blue ink that reads "Lucia Bercinskas". The signature is written in a cursive, flowing style.

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