



2016-10/001
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National Screen Unit
Ministry of Health
PO Box 5013
Wellington
By email: primaryhpv@moh.govt.nz

Tēnā koe

Draft National Cervical Screening programme National Policy and Quality Standards and the updated Guidelines for Cervical Screening in New Zealand

1. New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on the Ministry of Health draft National Cervical Screening programme National Policy and Quality Standards and the updated Guidelines for Cervical Screening in Aotearoa New Zealand.
2. NZNO has consulted its members and staff in the preparation of this submission, in particular members of the Womens Health Section (WHS), the Cancer Nurses Section, professional nursing and policy advisors.
3. The WHS are highly skilled experts in women's health and strongly advocate for the professional nursing voice for women's health and related issues. As health professionals they work across varying scopes of practice, population groups, geographic locations and have divergent views on a number of changes to the proposed changes to the primary testing for human papilloma virus (HPV).

4. In principle, we support the intent of a national standard and guidelines to improve the health and wellbeing of women's health in Aotearoa.
5. We acknowledge that currently, Aotearoa continues to have low uptake of HPV vaccination by young women, with only 50% of those young women who are eligible opting to be vaccinated and young men not being eligible until 1st January 2017.
6. We do wish to raise the following concerns:
 - unintended consequences for the 20-25 year old group;
 - equity and screening for priority group women; and
 - clarification of the following queries.

Unintended consequences for the 20-25 year old group

7. We believe that the changes to the vaccination schedule will benefit the cervical screening programme in the future only as long as improvements can be made to the coverage for those most at risk and a focus on improving screening and vaccination.
8. We are however extremely concerned that the proposed changes may have unintended consequences for the 20-25 year old group, especially when micro invasion cancers are asymptomatic and only detected by cervical smear and miss some of the younger women who are sexually active and not vaccinated against HPV. The draft document (9) section 11 does not fully address how this group of women will be captured under the proposed schedule, especially when 10% of invasive cancers are found in women under 30 years (Ministry of Health Cancer Registry, 2012). We seek clarification on the Ministry's plan to monitor this group of women, especially with the instances of antimicrobial resistance in common sexually transmitted infectious disease (STDs).
9. We recommend that a holistic focus (one that truly reflects the spirit of Hauora – taha tinana, taha hinengaro, taha whānau and taha wairua) of women's health in relationship to STDs in the under 25 group along with education, training and health literacy information on HPV.
10. We strongly advocate for shorter interval (less than 5 years) between smears in this age group to mitigate potential risks.

Equity and screening for priority group women

11. Māori women are over-represented in cervical cancer statistics, and under-represented in cervical screening participation - we do not agree that such inequalities are acceptableⁱ, in Aotearoa New Zealand in 2016. We strongly advocate for equitable funding to address

health outcomes for those with the greatest need, in particular Māori, Pacific and Asian women rights to access good health services. We also strongly advocate for culturally appropriate services that support an environment that respects the culture and the dignity and autonomy of women.

12. We acknowledge the new section on barriers to cervical screening and cervical screening environment and believe that further work is required to address these barriers, for example; from a quality assurance perspective, would two yearly cultural audits with quarterly monitoring improve organisations practice to address known barriers (institutional racism, cultural insensitivity and incompetence, lack of time, transport, need to arrange childcare or communication difficulties) improve access to cervical screening services.

Clarification of the following queries

13. We seek clarification with the following:

- what are the plans to resource and improve access to screening and reduce inequalities to those women with greatest need;
- how do you plan to screen for under 25 where there is early signs of early sexual activity or abuse;
- the potential to reduce the number of unnecessary colposcopy's for those women who have a low grade viral infection;
- what is the potential to link the immunisation register with the NCSP register to get a good cohort of screening data;
- what is the modelling data undertaken for New Zealand based on and how will this fit with the New Zealand population with low vaccination coverage;
- what modelling of costs of co-testing have been done? Co-testing would appear to be a sensible approach especially for higher risk women in this transition phase;
- what cultural competency training is available to ensure that the workforce is culturally and clinically competent; and
- what costs saving are predicted by implementing the increased age of screening and the decreased intervals.

14. The WHS welcome the opportunity to further discuss our concerns in-depth with Ministry representatives on the 2nd November 2016.

Nākū noa, nā



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NEW ZEALAND NURSES ORGANISATION (NZNO)

NZNO is the leading professional nursing association and union for nurses in Aotearoa New Zealand. NZNO represents over 47,000 nurses, midwives, students, kaimahi hauora and health workers on professional and employment related matters. NZNO is affiliated to the International Council of Nurses and the New Zealand Council of Trade Unions.

NZNO promotes and advocates for professional excellence in nursing by providing leadership, research and education to inspire and progress the profession of nursing. NZNO represents members on employment and industrial matters and negotiates collective employment agreements.

NZNO embraces te Tiriti o Waitangi and contributes to the improvement of the health status and outcomes of all peoples of Aotearoa New Zealand through influencing health, employment and social policy development enabling quality nursing care provision. NZNO's vision is *Freed to care, Proud to nurse*.

¹ Human Rights Commission. (2012) *A fair go for all? Rite tahi tātou katoa? Addressing Structural Discrimination in Public Services*. Human Rights Commission: Wellington.