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7 October 2021

[REDACTED]

Dear [REDACTED]

**Re: OIA request – Cervical screening**

I refer to your Official Information Act request dated 2021 requesting 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 and 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.**

**Given the disruption to cervical screening during last year's lockdowns (i.e. 50,000 fewer women screened nationwide for cervical cancer at end of May 2020), I would expect reporting on the downstream effects of this would've been done and this OIA is designed to capture that work.**

The following response is provided on behalf of both Auckland and Waitematā DHBs, which share services across our Planning, Funding and Outcomes divisions.

**1. 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.**

We have been advised by the Ministry of Health (MoH) that it has received a similar request and will be responding with any information they hold in due course.

We have included comment on COVID-19 disruption and cervical screening coverage in publicly available reports to Community and Public Health Advisory Committees for both Auckland and Waitematā DHBs from October 2020 – August 2021. A summary of this reporting is included below.

*Community and Public Health Advisory Committee (CPHAC) Meeting October 2020 – March 2021*

COVID-19 restrictions have had a significant impact on completion of cervical screens which are largely provided in primary care; decreasing coverage continues. Those with abnormal screening history and those who have never been screened or have not been screened for more than five years remain at highest risk and efforts to prioritise these groups continue in our work with PHO practices and other stakeholders.

An update on Human Papillomavirus (HPV) self-testing research from November 2020 refers to COVID-19-deferred screens.

The Cancer Control Agency has undertaken analyses on a range of cancer screening, diagnostic and treatment services nationally across COVID-19. The delays to screening programmes have been noted as a concern with 'deferred screens' and catch-up processes having impacts on services along the screening pathway and on cancer registrations. Deferred colonoscopies and mammographies were noted as a particular concern, as was the large volume of cervical screens missed through COVID primary care cessation of most face-to-face interaction. Although deferral of screens is a concern, it is more likely that the clinical risk of missed cancers sits in the group of women never screened and under-screened than in those women engaged in the programme and due a routine screen. Similarly, there is clinical risk in the group of women with a previous high grade history and overdue for a screen, which is a project in the Māori Health Pipeline. HPV self-testing as a mechanism to improve reach and to manage the volume of deferred screens is attractive to the sector; metro Auckland PHOs are very supportive of further local implementation research, particularly those involved in the research programme to-date.

*CPHAC May 2021 - August 2021*

COVID-19 restrictions have had a significant impact on completion of cervical screens which are largely provided in primary care. Of greatest concern, however, are the women who have never been screened or have not been screened for five years or more. To support an equitable return to cervical screening among Māori and Pacific women, the MoH has been notified of two planned initiatives including additional funding to provide free and accessible cervical screening for Māori and Pacific women and a campaign to increase screening uptake. Additional funding will be allocated regionally, based on composition of the eligible population by ethnicity, areas with the highest assessed COVID-19 impact on screening coverage and areas with the highest pre-COVID-19 equity gap. The screening campaign will be developed in collaboration with a sector advisory group and it will build on the 'Start to Screen' campaign.

Reports to both Auckland and Waitemātā DHB's CPHAC committees are publicly available:

Auckland DHB <https://www.adhb.health.nz/about-us/governance-and-leadership/agendas-and-minutes/>

Waitemātā DHB <https://www.waitemataadhb.govt.nz/about-us/leadership/committee-meetings/>

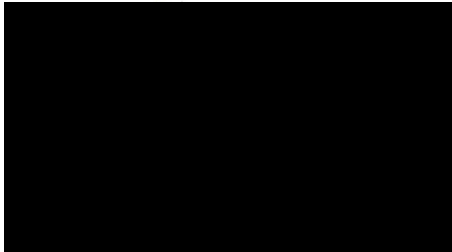
A metro Auckland Cervical Screening Operations group (MACSOP) meets quarterly; minutes from the most-recent meeting are included as **Attachment 1**.

I trust that this information is helpful.

Auckland and Waitematā DHBs support the open disclosure of information to assist community understanding of how we are delivering publicly funded healthcare. This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released.

If you consider there are good reasons why this response should not be made publicly available, we will be happy to consider your views.

Yours sincerely



**Director Funding**  
**Auckland and Waitematā District Health Board**

A handwritten signature in blue ink, partially overlapping the text of the Director Funding role.

## Attachment 1

### Minutes MACSOP Meeting 13 September 2021

# Metro Auckland Cervical Screening Operations Group Meeting Monday 13 September 2021

<b>Present:</b>	Ruth Bijl (PFO, ADHB & WDHB) Chair Jesse Solomon (PFO, ADHB & WDHB) Isis Mackay (Women's Health Action) Tash Wharerau (Women's Health Action) Kate Moodabe (Total Healthcare) Riana Mohammed (PFO Counties Manukau Health), Karen Adams (Greenwoods Medical), Hadir Elkerdani (Regional NCSP Register) Sheree Shackley, (Comprehensive Care) Kwee Goh (East HealthTrust), Jane Grant (DHB Coordinator ADHB & WDHB) Kathy Pritchard (CMH SSS), Lea Narcisso (Womens Health Portfolio Manager ADHB & WDHB) Reece Danby (ProCare PHO), Siobhan Matich (National Hauora Coalition), Alison Brown (Auckland PHO), Jane Piper (Well Women and Family Trust), Meena Narang (DHB Coordinator CMH)
<b>Apologies:</b>	Janice Miller (CMH Support to Service), Fazmina Mohammed (Alliance Health Plus), Georgina McPherson (WDHB Colposcopy)
<b>Purpose</b>	<p>The purpose of MACSOP is to ensure a coordinated and collaborative approach among all services and providers involved with the National Cervical Screening Programme (NCSP) pathway.</p> <p>The group will be guided by the following principles:</p> <ul style="list-style-type: none"><li>• commitment to Te Tiriti o Waitangi responsibilities resulting in a pro-equity approach for Wāhine Māori.</li><li>• commitment to equity of outcome for priority groups within the NCSP</li><li>• commitment to prioritise access to screening and follow up for women at higher clinical risk for cervical cancer.</li><li>• women and people who have a cervix have the opportunity to make an informed choice about enrolment in the NCSP and participation in screening</li><li>• population health based on an understanding of the principles of screening programmes.</li></ul>
<b>Previous minutes and matters arising</b>	

	<ul style="list-style-type: none"> <li>• Minutes of previous meeting accepted by Hadir Elkerdani and Meena Narang.</li> <li>• Jane G to document priority women so that this is embedded in communications going forward. – Not completed action carried forward</li> <li>• Jane G to circulate the NCSP Consultation document to the group and coordinate feedback with Lea’s support. - completed</li> <li>• Hadir to run a report comparing call activity for the Register team for 2021 to 2019 – not completed –action carried forward.</li> </ul>	
<b>Item 1</b>	<b>Data-matching work with Family Planning and Regional NCSP Register</b>	
	<ul style="list-style-type: none"> <li>• Hadir gave an update on data work with Family Planning, when overdue cervical screening (OCS) reports were replaced by the NCSP/PHO data match report the OCS report stopped for Family Planning. Hadir and the team at the register have been working with Family Planning to develop a protocol for their recall system. This has involved data matching for women/people who recorded on the Register as ‘none required’.</li> <li>• Hadir described the process put in place by the National Screening Unit (NSU) where NCSP/PHO data-match lists are sent to family Planning analysts so that women enrolled with a PHO can be excluded from recall.</li> <li>• Hadir explained how the process can assist with identifying women not enrolled in a PHO for recall by Family Planning.</li> <li>• Siobhan Matich asked what data governance is in place for the process described where NSU send PHO data to Family Planning</li> <li>• Jane G asked if Tash (member of National Kaitiaki Group -NKG) was aware of the process being approved by NKG. Tash was not aware of the use of this data for this purpose being approved by NKG.</li> <li>• Ruth identified some questions for follow up: <ul style="list-style-type: none"> <li>- Is the information provided by NSU to Family Planning only women/people who were screened by Family Planning</li> <li>- Are women not enrolled in a PHO included in the data shared with Family Planning</li> </ul> </li> </ul> <p style="padding-left: 40px;">Action point: Hadir to liaise with Jane G to clarify details and report back to the group by 27 September.</p>	
<b>Item 2</b>	<b>Update on meeting with NSU regarding DHB boundaries</b>	

	<ul style="list-style-type: none"> <li>• Jane P explained that Support to Screening/Service (SSS) contracts with NSU are for women/people domiciled within DHB boundaries. A meeting was held to discuss with NSU and both SSS providers agreed to see women/people if they present.</li> <li>• Jane G asked if this meant that if one of the SSS providers was working with a General Practice they would invite all women/people enrolled in that practice and not just those domiciled in the relevant DHB area. Both Meena and Jane P confirmed this.</li> </ul>	
<b>Item 3</b>	<b>Pro-Equity Funding from NCSP</b>	
	<ul style="list-style-type: none"> <li>• Jesse explained the pro-equity funding provided by NSU to some DHB's</li> <li>• Catch up from cervical screens missed due to changes to Covid-19 alert levels has not been equitable for Māori and Pacific women/people. Some DHBs have been more affected than others.</li> <li>• A small amount of targeted funding has been made available to assist with a pro-equity approach to catching up missed screens for Māori and Pacific women/people.</li> <li>• Kathy explained that for Counties Manukau they would use the funding to provide extended hours for their SSS provider service. In response from feedback from PHO's in Counties Manukau that there is workforce capacity issues with many trained sample takers currently working in Covid-19 vaccination.</li> <li>• Jesse explained that ADHB/WDHB will be reaching out to Māori and Pacific providers to seek their support for afterhours initiatives which may involve collaboration with other services.</li> <li>• The challenge of planning a pro-equity approach to catch up on missed screens while in Level 4 was noted.</li> <li>• Jane P noted that Well Women and Family Trust had capacity to deliver extra screens.</li> </ul>	
<b>Item 4</b>	<b>Changes to NCSP – Comms Plan</b>	

	<ul style="list-style-type: none"> <li>• Lea outlined progress to date with development of a communications plan in anticipation of changes to the NCSP in July 2023.</li> <li>• ADHB/WDHB communications teams did not have capacity to support</li> <li>• Lea described a 3 phase draft plan and asked for feedback from the group on key messages. <ol style="list-style-type: none"> <li>1. For women to continue to follow current NCSP and not wait</li> <li>2. For Primary Healthcare providers to encourage women to participate in current programme</li> <li>3. Providing information to Primary Healthcare about changes to the NCSP</li> </ol> </li> <li>• Lea asked for support of MACSOP members with messaging and indicated the MEDINZ platform will be used.</li> <li>• Jane G working on webinar that will provide information on the transition for clinicians.</li> <li>• Plan to use social media opportunities with DHB comms teams</li> <li>• Jesse noted that NSU plan to refresh the Start to Screen campaign as a response to delayed screens due to Covid-19 alert level changes, however this does not address future changes to the programme.</li> <li>• Sheree suggested developing written resources such as a brochure</li> <li>• Lea noted post cards and links to online resources are a good option</li> <li>• Isis noted work through Womens Health Action indicates QR codes are a good option</li> <li>• Tash noted that the stories of both Talei Morrison and Kiritapu Allan are taonga that resound with whanau Māori to protect whakapapa.</li> </ul> <p>Action points</p> <ol style="list-style-type: none"> <li>1. Lea to share the communications plan with MACSOP</li> <li>2. Jane P, Sheree, Siobhan will work on a draft with Lea</li> <li>3. Isis and Tash offered to review draft and provide service user perspective</li> </ol>	
<b>Updates from Members</b>		

	<p><b>Regional NCSP register team</b>          Hadir reports BAU – but decreased volume of calls, noted requests from practices for screening history might indicate preparation for re-opening after alert level changes.</p> <p><b>Well Women and Family Trust</b>          Level 4 has had significant impact especially to gains made working with Marae and other community providers– just providing some transport to breast/colposcopy appointments          Plan to offer screening 6 days per week when we move to level 3</p> <p><b>Counties Manukau Health SSS</b>          Screening stopped for level 4 – will start with level 3          Referrals coming in from practice          There was a discussion around whether HPV self-testing could be offered in the future alongside Breastscreen mobile units</p> <p><b>Consumer Representation</b>          Isis thanked group for discussion and is keen to discuss involvement going forward. Isis and Tash are keen to continue discussions around HPV self testing. Tash gave an outline of the role of National Kaitiaki Group and their role in protecting the sanctity of Te whare tangata.</p> <p><b>Total Healthcare PHO</b>          Specialised clinics offering just immunisation and womens health clinics as part of Covid-19 response          Cervical screening coverage very low at 40% as a result of both measles outbreak and Covid-19 – have not caught up          Started HPV self-testing research during level 4</p> <p><b>Comprehensive Care</b>          Practices overwhelmed with Covid swabbing and vaccination. Cervical Screening paused as per NCSP advice.          Providing NCSP/PHO data to practices via Dr Info          Supporting practices with recall via remote support.</p> <p><b>Auckland PHO</b>          Practices overwhelmed with Covid swabbing and vaccination. Cervical Screening paused as per NCSP advice, women with high grade history screened opportunistically          Health coach calling women with HG history to encourage screening          Supporting practices with recall via remote support.</p> <p><b>National Hauora Coalition</b>          Practices overwhelmed with Covid swabbing and vaccination. Cervical Screening paused as per NCSP advice.          Data project with Mōhiō planned with Jane G – will be paused          Would like an opportunity to provide HPV self-testing during level 4 – Siobhan noted ongoing impact of Covid lockdown</p> <p><b>ProCare</b>          Similar to other PHO's – cervical screening rate decreased by approx. 50%</p> <p><b>East Health</b>          Similar to other PHO's          Data project matching PMS data with NCSP/PHO data – becoming a big project</p>	
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but useful for practices to audit.

**Karen Adams Practice Nurse Representative**

Frustrating to be in lockdown after making inroads into recalling women for screening, focussing on recall. Has provided some cervical screening following Covid-19 vaccination in the practice.

**ADHB/WDHB Coordinator**

Queries coming from primary healthcare around developing policies and recall work. Outlined HPV self-testing research with Tāmaki Health

**Portfolio Manager Womens Health ADHB/WDHB**

Managing capacity and aware of impact of alert level changes

	Close	
	Ruth thanked the group for their passion and participation.  Next meeting date 08/11/2021	