



National Council of Women of New Zealand

Te Kaunihera
Wahine O Aotearoa

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Response to the Ministry of Health Request for Information Support to Screening Services for BreastScreen Aotearoa and the National Cervical Screening Programme

Introduction

The National Council of Women of New Zealand, Te Kaunihera Wahine o Aotearoa (NCWNZ) is an umbrella group representing 288 organisations affiliated at either the national level or to one of our 20 branches. In addition to our organisational membership, about 260 women are individual members of branches. NCWNZ's function is to represent and promote the interests of New Zealand women through research, discussion and action.

This submission has been prepared by the NCWNZ Health Standing Committee after consultation with the nucleus committee and reviewing prior submissions. Consultation with our wider membership has not been possible due to the short time frame for response through the RFI process.

NCWNZ has previously made submissions on the National Cervical Screening programme:

- 2001 to the Ministry of Health on the discussion Document: Improving the National Cervical Screening Programme – Law changes to support the audit of the programme
- 2002 Ministry of Health - review of the health (cervical screening (kaitiaki)) regulations
- 2003 Health Select Committee – submission on Review of the Health (Cervical Screening (Kaitiaki)) regulations

NCWNZ welcomes the opportunity to participate in this request for information and we wish to applaud the Ministry for approving funding for screening services provided in communities throughout New Zealand which are free for the most at risk group of women.

Free Service and Privacy ensured

If the intention is to support women in the NCSP and BSA who are most at risk and increase participation of Maori, Pacific, Asian and other ethnic groups who are under-screened, the service being offered must be free and participants assured that their privacy is protected. NCWNZ members wish to strongly reiterate that the service must be free if progress is to be made in encouraging participation. District Health Boards throughout the country have to recognise that screening services are part of their civic responsibility and funding should come out of Vote Health.

Extending Eligibility Criteria for the Service

Our members believe the age criteria should be lowered with the service offered to women from 40 years. We all personally know young women diagnosed with breast cancer. We also realise that many young women today have multiple sexual partners and are exposed to sexually transmitted diseases and that these are pre-cursors to cervical cancer. We also believe that screening should not end at 69. Cervical screening does not stop at 69 nor does screening for prostate cancer for men. Why have an “end of service” at 70 for breast screening? If we have a more open ended service, then we suggest extending the time between screenings from two years to three years. This will help to off-set the cost.

Mobility

The key to lifting the uptake and success of screening programmes is mobility - taking the service to the women. Over the last decade New Zealanders have become accustomed to mobile health services and are familiar with specially equipped caravans such as mobile dental clinics, the mobile operating theatre, the blood donor service and the Life Education caravan. Mobile breast screening services are currently offered in parts of New Zealand, but much more could be done to take the service to the people. Under-screened women which the service wishes to capture, must have easy access to the service. A “pop up” service which can move from one site to another through the suburbs and rural areas is vital if Urban Maori, Pacific, Asian and other ethnicities are to be captured. A purpose fitted “Women’s Health Caravan” could move down streets throughout the day or a temporary clinic set up in empty shops (there is plenty of choice in provincial towns), halls etc. To ensure the success of the mobile system, a focused, culturally sensitive advertising programme through a range of media, would be essential.

Qualified Staff

There must be sufficient registered nurses to run the service - ideally registered nurses who have been trained in all facets of Women’s Health. More young Maori, Pacific, Asian and African women must be encouraged to train as nurses and health providers. Women from these ethnic groups feel very much more comfortable if they are seen by staff with understanding of their language and their cultural beliefs.

All medical centres should be encouraged to have specifically qualified nurses to take cervical samples and do the follow up with patients. This encourages continuity and helps build personal connection. Our members would like to see much more done in smaller centres.

With the laboratory services now in private ownership, our members believe it is important to ensure a sufficient and well trained laboratory staff, trained to screen the samples is available.

Conclusion

NCWNZ is pleased to have had the opportunity to contribute to the Ministry of Health request for information round the National Cervical Screening Programme (NCSP) and BreastScreen Aotearoa (BSA) and innovative approaches to delivery of these services. We believe the free screening services

currently provided are greatly appreciated by people throughout New Zealand. However, in light of the fact that so many women are under-screened and that younger women are at risk through being excluded from the free service, our members believe is very timely that there is certainty around availability of a trained staff with the appropriate skill set and that barriers to accessing the service are addressed.

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