



**National Council of  
Women of New Zealand**

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Wahine O Aotearoa

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## **Submission to the Ministry of Health on the Updated Guidelines for Cervical Screening in New Zealand**

The National Council of Women of New Zealand, Te Kaunihera Wahine O Aotearoa (NCWNZ) is an umbrella group representing 43 national and 240 local organisations affiliated to one of our 21 branches. In addition to our organisational membership, about 260 women are individual members of branches. Collectively our reach is over 290,000 with many of our member organisations representing all genders. NCWNZ's vision is a gender equal New Zealand. Research shows we'll be better off socially and economically if we're gender equal. It's a basic human right. Through research, discussion and action, NCWNZ in partnership with others, seeks to realise its vision.

NCWNZ welcomes the opportunity to participate in this consultation process. Our submission has been prepared by the NCWNZ Health Standing Committee. We have sought comment from members of the Health Corresponding Committee and from individual Branch Members.

Our feedback addresses the numbered paragraphs of the consultation document.

### **Paragraph 6.**

- 6.1. We appreciate that New Zealand has one of the most successful cervical screening programmes in the world, with a clear series of tests and treatments to ensure women in this country are given the best chance of survival. However, as the document states, the scheme is not equally distributed to all population groups. We note that Maori, Pacific and Asian women are poorly represented in present statistics and have a higher cervical cancer rate.
- 6.2. It is imperative that these groups of women are specifically targeted, that every effort is made to ensure their communities and social networks are included in the education for the need for immunisation and for cervical screening and that women of their own ethnicities are trained to provide these services in their language and in their own environments.

### **Paragraph 8.**

- 8.1. We support and applaud the Guideline focus being on accessibility, improvement of services, technologies and treatments. The programme strives to encourage women to be immunised and screened, supporting women who need further testing, treatments and follow up.

**Paragraph 10.**

- 10.1. Key changes: Raising the age from 20 to 25 coincides with the age of the young women who have already received HPV immunisation and based on the testing and information collated. We believe this is an appropriate change.
- 10.2. We do not agree with the screening interval being extended from 3 to 5 years. We consider this time frame is too long and would prefer the screening interval to remain at 3 years.
- 10.3. We support the change from LBC to HPV for the primary screening test, as it appears anomalies are picked up more accurately.
- 10.4. We agree that the pathway for genotyping improves testing results and referral for colposcopy for women with hrHPV(16/18) results.

**Paragraph 11.**

- 11.1. Because there will be an increase in Colposcopy referrals, a well planned and adequately funded structure underpinning the proposed changes, must be established and with on-going funding guaranteed.

**Paragraph 12.**

- 12.1. Because of stark ethnic health disparities in New Zealand, it is imperative that every effort is made to connect with Maori, Pacific Island and the various ethnic communities through their whanau, local churches, ethnic associations and community leaders to ensure the desired increase in the number of vaccinated and screened women. Achieving equitable access to and through the cervical screening pathway for all population groups is a key priority

**Paragraph 13.**

- 13.1. Alongside the HPV programme, there also needs to be an education programme setting out the dangers of unprotected sex and the many possible consequences.

**Paragraph 14.**

- 14.1. NCWNZ views the proposed option for self- sampling as a forward step towards an equitable outcome for all women. There is a diverse group of women, including those with disabilities, rural women and women whose cultural/religious beliefs discourage them from taking part in the current programme, who may be willing to self-sample if the option is available to them. We are very pleased to note that new data on self-sampling will continue to be assessed throughout the project.

**Paragraph 17. Table 1: Summary of changes to updated guidelines**

<b>Section</b>		<b>Comment</b>	
Section 7.	Guideline 9.	Colposcopy 6 – 12 months	Agreed
Section 7.	Test of Cure	Should continue to have annual co-tests	Agreed
Section 9.	Guideline 17.	Stop screening after 2 negative tests	Agreed
Section 8.	Guideline 12.	Observe & repeat HPV test in 12 month	Agreed
Section 12.	Guideline 16.	Recommendations for immune-deficient women particularly organ transplant recipients.	Agreed
		Routine screening interval for immune-deficient women is three years.	Agreed
		We would prefer a case by case follow-up of immune-deficient women treated for high-grade lesions.	
Section 15.	Primary Screening	We agree with all listed updates particularly for annual co-testing for women treated for glandular abnormalities	

**Paragraph 18. Equity.**

18.1. Achieving equitable access to and through the cervical screening pathway for all population groups is a key priority for the NCSP.

**Other Comments**

We applaud the research, evaluation, developments and actions that have been set out within the Clinical Guidelines for Cervical Screening in New Zealand and commend the thoroughness of the National Cervical Screening Programme.

The reviewed and revised Guidelines demonstrate a determination for improving services, of providing best practice and for ensuring accessibility for all the women of New Zealand.

Adequate, ongoing funding and support for the programme must be guaranteed, to ensure the implementation of the Guidelines and to ensure that all steps taken to improve the Cervical Screening services are implemented and provided for all population groups. Ensuring gender equity for all ethnicities throughout our country is imperative.

On behalf of the National Council of Women Health Standing Committee we wish to thank you for the opportunity to submit feedback on the Clinical Guidelines for Cervical Screening in New Zealand and look forward to seeing them implemented.

Rae Duff  
National President

Ailsa Stewart  
Convener, Health Standing Committee