

CORPORATE OFFICE

Level 1
32 Oxford Terrace
Christchurch Central
CHRISTCHURCH 8011

Telephone: 0064 3 364 4134
Kathleen.Smithram@cdhb.health.nz

19 October 2021

9(2)(a)



RE Official Information Act request CDHB 10711

I refer to your email dated 14 September 2021 requesting the following information under the Official Information Act from Canterbury DHB regarding **records relating to the impact of Covid-19 lockdowns and restrictions on cervical cancer screenings and treatments** Specifically:

- 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.**

Please find attached records as requested related to the 2020 COVID lockdown (**Appendix 1**) - these include email correspondence and briefings, updates and guidelines from the National Screening Unit (NSU). Cervical screening smear test volumes are reported directly to the NSU national data collections and published monthly on the NSU website.

- 2. 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.**

The attached records (**Appendix 2**) include a spreadsheet of volumes showing the reduction in primary care claims for smears during and following the 2021 COVID lockdown.

We have redacted information in the Appendices pursuant to section 9(2)(a) of the Official Information Act i.e. *"....to protect the privacy of natural persons, including those deceased"*.

We are also aware that the Ministry of Health has received a similar request and that the Ministry will be responding with any information they hold.

I trust that this satisfies your interest in this matter.

You may, under section 28(3) of the Official Information Act, seek a review of our decision to withhold information by the Ombudsman. Information about how to make a complaint is available at www.ombudsman.parliament.nz; or Freephone 0800 802 602.

Please note, this response, or an edited version of this response, may be published on the Canterbury DHB website after your receipt of this response.

Yours sincerely

A handwritten signature in black ink, appearing to be 'Tracey Maisey', written in a cursive style.

Tracey Maisey
Executive Director
Planning, Funding & Decision Support

Gill Fowler

From: 9(2)(a)@screensouth.nz>
Sent: Friday, 8 October 2021 1:47 p.m.
To: Gill Fowler
Subject: Fwd: Cervical Screening at Alert Level 3 [EXTERNAL SENDER]

FYI - re OIA

----- Forwarded message -----

From: 9(2)(a)@screensouth.nz>
Date: Fri, 8 Oct 2021 at 10:01
Subject: Fwd: Cervical Screening at Alert Level 3
To: 9(2)(a)@screensouth.nz>

Ngā mihi,
(Kind regards,)

9(2)(a)



ScreenSouth Ltd

National Cervical Screening Programme (Regional Services)

BreastScreen South (BSS)

PO Box 25 087, Christchurch 8141

Direct dial: 9(2)(a)

Tel: 03 375 4096; Fax: 03 355 0521



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Date: Fri, 24 Apr 2020 at 09:38
Subject: RE: Cervical Screening at Alert Level 3
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Hi 9(2)(a)

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Cheers 9(2)(a)

From: 9(2)(a)@health.govt.nz>
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To: 9(2)(a)
Subject: Cervical screening question

Kia ora 9(2)(a)

Re Query: MOH-4276900

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- o Women with respiratory symptoms
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National Cervical Screening Programme
Ministry of Health
DDI: 9(2)(a)
Mobile: 9(2)(a)
Fax: 04 816 4484

<http://www.health.govt.nz>

mailto:9(2)(a)



Email Body:

Kia Ora,

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Has there been a process for woman having their smears done at the moment - or are we triaging before coming into the clinic for COVID like symptoms and if this is the case then waiting until results are clear and bringing them in for smears.

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Register Central Team National Cervical Screening Programme

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Fax: (04) 4601100

DDI: +9(2)(a)

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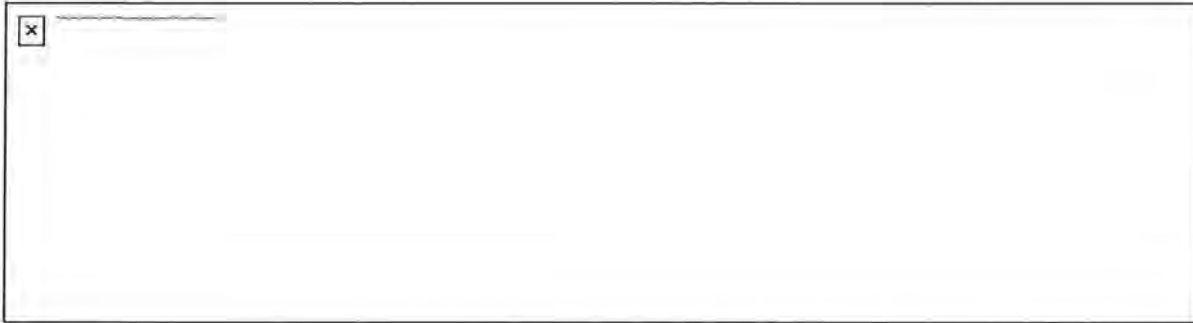
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At the moment I have 2 staff working from home including myself handling work list tasks, 0800 calls and screening history requests and am not sure if there will be enough work for a full register team to return to work next week.

Would appreciate anything you can share.

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Gill Fowler

From: 9(2)(a)@screensouth.nz>
Sent: Friday, 8 October 2021 1:46 p.m.
To: Gill Fowler
Subject: Fwd: National Screening Unit and NCSP COVID-19 UPDATE, 13 August 2020 [EXTERNAL SENDER]
Attachments: NCSP Guidance COVID-19 13 August.docx

FYI - re OIA

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Dear colleagues

National Screening Unit COVID-19 UPDATE

Cancer screening programmes are continuing to operate, with appropriate safeguards in place to keep participants and staff safe. It is recommended that people over 70, or with pre-existing medical conditions, check with their family doctor (or other health professional) as to whether it is safe to attend appointments.

- Cervical and breast screening will continue for most women. The decision to screen those over 70 years, or with existing medical conditions, will be made on a case-by-case basis
- Bowel screening invitations and home testing kits will continue to be sent out. If you receive a kit in the mail you should complete it and send it back as soon as possible
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National Cervical Screening Programme

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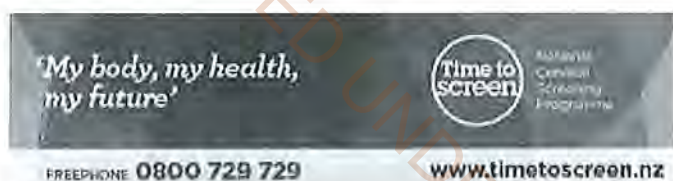
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Subject: Fwd: Activities at the various alert levels provided to primary care and colposcopy units [EXTERNAL SENDER]
Attachments: FINAL NCSP Communication to DHB colp units - pandemic and guidelines changes 23 April 2020 (2).docx; FINAL NCSP Communication to primary care - pandemic and guideline changes 24 April 2020 (5).docx

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Hi 9(2)(a) [REDACTED]

FYI attached detailed advice on the activities at the various alert levels sent to NCSP, the advice provided to primary care and colposcopy units.

Ngā mihi,
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9(2)(a) [REDACTED]

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NCSP During COVID-19: Colposcopy Update, 23 April 2020

Key information in this communication

1. NCSP expectations for cervical screening and colposcopy at the different alert levels
2. A significant change to the follow-up pathway after treatment for a high-grade squamous lesion.
3. Other relevant changes in the revised *Clinical Practice Guidelines for Cervical Screening in New Zealand 2020* due to be published.

1. The NCSP during the COVID-19 pandemic

In Government COVID-19 Alert Level 3 essential preventative health care continues, which includes cervical screening. The National Screening Unit is keen to re-establish cervical screening as soon as possible and has provided the following guidance to primary care:

National Cervical Screening Programme during Alert Level 3	<ul style="list-style-type: none">- Routine cervical screening will begin to resume for eligible women. For those who are 70 + or with existing medical conditions, the decision to screen will be made on a case-by-case basis- Providers are to continue to invite, see and follow-up all screening participants with previously identified cervical abnormalities on cytology or histology.- In the first instance, priority should be given to annual surveillance rescreens, overdue screens, and priority populations- Where capacity allows providers can invite new eligible women and those due for their 3 yearly repeat screening- Screening support services can assist with engaging priority populations- Continued triage/ assessment of patients with symptoms of abnormal bleeding
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Appendix 1 provides a summary of the expected activity in primary care and colposcopy depending on the various alert levels.

Key points for colposcopy services

- DHB colposcopy clinics need to operate within the DHB hospital alert system which is different to alert levels in the community. Alert levels may vary from region-to-region.
- Longer wait times at colposcopy may need to be tolerated in some regions until all services are fully re-established across the screening pathway.
- DHBs should inform women that there may be some delays in being seen for colposcopy. Non-urgent cases should continue to be deferred with communication to women, if capacity is overextended.
- Where it is not possible to see women in recommended time frames, colposcopy units should hold the referrals and not discharge women back to primary care.
- Colposcopy services are encouraged to attempt to find innovative solutions to managing the workload and restrictions related to the pandemic, such as moving clinics to different sites, or contracting services out.

- If DHBs have difficulty with the backlog, locum services may be considered. Contact the NCSP if you need help to find a locum.

2. A significant change to the follow-up of women after treatment at colposcopy

There is an important change in the updated clinical guidelines (soon to be published) relating to the recommended follow-up pathway for treatment of high-grade squamous disease.

Currently women are seen at 6-months for a colposcopy and cytology test and have a 'test of cure' (cytology and HPV test) in primary care at 12 and 24 months post-treatment. From April 2020 the following changes are being made:

- Many patients treated for high-grade squamous disease will be able to be discharged to primary care for a 'test of cure' at 6 and 18 months after treatment (rather than at 12 and 24 months).
- Women can still be followed up at colposcopy post-treatment if there are any clinical concerns.

This change to the follow-up after treatment of high-grade lesions is effective immediately.

The change was planned to be introduced with HPV primary screening but has been fast-tracked due to the evolving COVID-19 situation. This will help limit non-essential attendance at clinical appointments. Other countries, including the UK and Ireland have introduced this change to their patient care pathway. It has been ratified by the Ministry of Health's National Cervical Screening Programme Advisory Group.

Most importantly, there is good evidence that compared to a colposcopy and cervical screening test at 6 months, cervical screening together with an HPV test is much better at identifying the effectiveness of treatment and avoids an unnecessary colposcopy.

The NCSP Register is fully informed of this change and will accept HPV testing as part of a 'test of cure' from 6 months post-treatment.

Communication to help colposcopy services inform women and providers about this change is **attached** to this communication.

3. Other important changes in the updated NCSP Guidelines

The Ministry of Health will shortly be publishing the updated *Clinical Practice Guidelines for Cervical Screening in New Zealand 2020*.

- A change to the starting age for screening to 25 years.
- A new section on abnormal bleeding to assist medical practitioners in primary care with assessment, management and referral decisions.
- People aged 70 years and older who were unscreened or under-screened prior to age 70 will be required to have two consecutive normal cytology samples (taken 12 months apart) before ceasing cytology screening.
- Due to the difficulty in rationalising HPV testing as part of the follow-up of women treated for AIS it is requested that all women undergoing excision for possible or confirmed AIS have their HPV status affirmed at colposcopy clinics prior to treatment.

Thank you once again for continuing to provide high quality colposcopy services during this stressful period of disruption to usual work arrangements.

Kind regards

9(2)(a)

National Cervical Screening Programme

RELEASED UNDER THE OFFICIAL INFORMATION ACT

Appendix 1 – NCSP delivery in primary care and DHB colposcopy services according to alert levels

Government COVID-19 Alert level	Primary care/community-based services	DHB colposcopy services
Government Alert Level 4 in the region	GOVERNMENT ALERT LEVEL 4 Primary care: <ul style="list-style-type: none"> Routine screening is paused. Anyone who is due for more frequent surveillance screening or follow-up tests such as annual recalls, should continue to be invited, seen and referred as per the existing NCSP pathway. Some providers or patients may not be able or comfortable undertaking cervical screening during this time and under these circumstances, a delay of up to three months is acceptable, with encouragement to attend once the three months has elapsed. Anyone with cytologic or clinical suspicion of invasive cancer is referred urgently for specialist assessment. 	DHB ALERT LEVEL 4 RED DHB Colposcopy: <ul style="list-style-type: none"> See proven or suspicious cervical cancer cases only <p style="text-align: center;">OR</p> DHB ALERT LEVEL 3 ORANGE DHB Colposcopy: <ul style="list-style-type: none"> Referrals with suspected or proven cancer should be seen urgently. High-grade referrals should be triaged and seen as soon as capacity allows. Other referrals are held. <p style="text-align: center;">OR</p> DHB ALERT LEVEL 2 YELLOW DHB Colposcopy: <ul style="list-style-type: none"> Invasive cancers, high-grade and low-grade referrals are seen, with prioritisation to manage capacity. Some delay in seeing women with low-grade referrals may still occur (up to 12 months instead of the usual 6 months)
Government Alert Level 3 in the region	GOVERNMENT ALERT LEVEL 3 Primary care: <ul style="list-style-type: none"> As soon as resources allow, routine 3-yearly screening resumes for most women except those over 70 years or with existing medical conditions, where the decision to screen is made on a case-by-case basis. In the first instance, invitations should prioritise those who are overdue for screening, using a pro-equity approach to prioritising Māori, Pacific, Asian and migrant and refugee women. Engage screening support services in your district, if available, to assist with engaging priority group women who are hard to reach. Referrals to colposcopy continue. Anyone with cytologic or clinical suspicion of invasive cancer is referred urgently for specialist assessment. Regional variation may occur. For example, a region remaining at Level 4 will be unable to resume routine screening. Women are advised that there could be some delays in being seen at colposcopy, particularly if referred with low-grade changes. 	

Government COVID-19 Alert level	Primary care/community-based services	DHB colposcopy services
Government Alert Level 2	GOVERNMENT ALERT LEVEL 2 Primary care: <ul style="list-style-type: none"> • Routine 3-yearly screening resumes for most women except those over 70 years or with existing medical conditions, where the decision to screen is made on a case-by-case basis. • Invitations for screening should prioritise those who are overdue, using a pro-equity approach to prioritise Māori, Pacific, Asian and migrant and refugee women. • Referral to colposcopy continues as per NCSP protocols. 	OR DHB ALERT LEVEL 1 GREEN DHB Colposcopy: Restore normal services as quickly as possible.
Government Alert Level 1	GOVERNMENT ALERT LEVEL 1 Primary care: <ul style="list-style-type: none"> • All usual cervical screening programme activities resume. 	



NCSP During COVID-19: Primary Care Update, 24 April 2020

Key information in this communication

1. NCSP expectations for cervical screening and colposcopy at the different alert levels
2. A significant change to the follow-up of women after treatment for a high-grade squamous lesion.
3. Other relevant changes in the revised *Clinical Practice Guidelines for Cervical Screening in New Zealand 2020* due to be published.

1. The NCSP during the COVID-19 pandemic

In Government COVID-19 Alert Level 3 essential preventative health care continues, which includes cervical screening. The National Screening Unit is keen to re-establish cervical screening as soon as possible, and has provided the following guidelines for primary care:

NCSP during Alert Level 3	<p>Screening / assessment</p> <ul style="list-style-type: none">- Routine cervical screening will begin to resume for eligible women. For those who are 70 + or with existing medical conditions, the decision to screen will be made on a case-by-case basis- Providers are to continue to invite, see and follow-up all screening participants with previously identified cervical abnormalities on cytology or histology.- <u>In the first instance, priority should be given to annual surveillance rescreens, overdue screens, and priority populations</u>- Where capacity allows providers can invite new eligible women and those due for their 3 yearly repeat screening- Screening support services can assist with engaging priority populations- Continued triage/ assessment of patients with symptoms of abnormal bleeding <p>Key messages for women</p> <ul style="list-style-type: none">• Screening is an essential preventative service• Cervical screening is safe• The risk of transmission of COVID-19 is minimised during the appointment and procedure• Providing information on alternative screening options may support screening attendance• Information to support women returning to screening during alert level 3 is available on www.timetoscreen.nz <p>Infection control</p> <ul style="list-style-type: none">• Defer anyone over 70 years or with co-morbidities• <i>Prior to the appointment</i> contact the patient and ask the following questions:<ol style="list-style-type: none">a) Do you have symptoms of acute respiratory illness with at least one of the following: cough, sore throat, shortness of breath, coryza (runny nose) or temporary loss of smell, with or without fever. If yes, then this person may have COVID-19 and needs to be assessed.
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	<p>b) Have you been in contact with others in the last two weeks who have been unwell?</p> <p>c) Have you been in any contact with people who are unwell with respiratory symptoms/fever or who have undergone testing for COVID-19?</p> <ul style="list-style-type: none"> Providers should follow their own protocols and other risk assessments for seeing patients who answer 'yes' to any of the above questions. <p>Refer to the following links on the Ministry of Health website:</p> <p>Poster – Principles of PPE use in health care settings. This link also includes a range of other resources.</p> <p>https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-information-specific-audiences/covid-19-advice-essential-workers-including-personal-protective-equipment/personal-protective-equipment-use-health-care</p> <p>COVID-19 – Primary care quick reference guide; COVID-19 questions and answers for primary health care workers</p> <p>https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-resources-health-professionals/covid-19-primary-care</p>
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To assist with your planning, Appendix 1 provides a summary table of expected activity in primary care and colposcopy depending on the various alert levels.

2. Significant change to the follow-up pathway after treatment at colposcopy

There is an important change in the new clinical guidelines (soon to be published) relating to the recommended follow-up pathway for treatment of high-grade squamous disease.

Currently women are seen at 6-months for a colposcopy and cytology test and have a 'test of cure' (cytology and HPV test) in primary care at 12 and 24 months post-treatment. From April 2020 the following changes are being made:

- Many patients treated for high-grade squamous disease will be able to be discharged to primary care for a 'test of cure' at 6 and 18 months after treatment (rather than at 12 and 24 months).
- Women can still be followed up at colposcopy post-treatment if there are any clinical concerns.

This change to the follow-up post treatment of high-grade lesions is effective immediately.

You will be advised by the colposcopy unit if this change affects any of your patients.

The change was planned to be introduced with HPV primary screening but has been fast-tracked due to the evolving COVID-19 situation. This will help limit non-essential attendance at clinical appointments. Other countries, including the UK and Ireland have introduced this change to their patient care pathway. It has been ratified by the Ministry of Health's National Cervical Screening Programme Advisory Group.

Most importantly, there is good evidence that compared to a colposcopy and cervical screening test at 6 months, cervical screening together with an HPV test is much better at identifying the effectiveness of treatment and avoids an unnecessary colposcopy.

The NCSP Register is fully informed of this change and will accept HPV testing carried out as part of a 'test of cure' from 6 months post-treatment.

3. Other important changes in the updated NCSP Guidelines

The Ministry of Health will shortly be publishing the updated *Clinical Practice Guidelines for Cervical Screening in New Zealand 2020*. This includes:

- A change to the starting age for screening to 25 years.
- A new section on abnormal bleeding to assist medical practitioners in primary care with assessment, management and referral decisions.
- People aged 70 years and older who were unscreened or under-screened prior to age 70 will be required to have two consecutive normal cytology samples (taken 12 months apart) before ceasing cytology screening.

Thank you once again for your support to patients during this stressful period of disruption to usual work arrangements.

Kind regards

9(2)(a)

9(2)(a) National Screening Unit

Appendix 1 – NCSP delivery in primary care and DHB colposcopy services according to alert levels

Government COVID-19 Alert level	Primary care/community-based services	DHB colposcopy services
Government Alert Level 4 in the region	GOVERNMENT ALERT LEVEL 4 Primary care: <ul style="list-style-type: none"> Routine screening is paused. Anyone who is due for more frequent surveillance screening or follow-up tests such as annual recalls, should continue to be invited, seen and referred as per the existing NCSP pathway. Some providers or patients may not be able or comfortable undertaking cervical screening during this time and under these circumstances, a delay of up to three months is acceptable, with encouragement to attend once the three months has elapsed. Anyone with cytologic or clinical suspicion of invasive cancer is referred urgently for specialist assessment. 	DHB ALERT LEVEL 4 RED DHB Colposcopy: <ul style="list-style-type: none"> See proven or suspicious cervical cancer cases only <p>OR</p> DHB ALERT LEVEL 3 ORANGE DHB Colposcopy: <ul style="list-style-type: none"> Referrals with suspected or proven cancer should be seen urgently. High-grade referrals should be triaged and seen as soon as capacity allows. Other referrals are held.
Government Alert Level 3 in the region	GOVERNMENT ALERT LEVEL 3 Primary care: <ul style="list-style-type: none"> As soon as resources allow, routine 3-yearly screening resumes for most women except those over 70 years or with existing medical conditions, where the decision to screen is made on a case-by-case basis. In the first instance, invitations should prioritise those who are overdue for screening, using a pro-equity approach to prioritising Māori, Pacific, Asian and migrant and refugee women. Engage screening support services in your district, if available, to assist with engaging priority group women who are hard to reach. Referrals to colposcopy continue. Anyone with cytologic or clinical suspicion of invasive cancer is referred urgently for specialist assessment. Regional variation may occur. For example, a region remaining at Level 4 will be unable to resume routine screening. Women are advised that there could be some delays in being seen at colposcopy, particularly if referred with low-grade changes. 	<p>OR</p> DHB ALERT LEVEL 2 YELLOW DHB Colposcopy: <ul style="list-style-type: none"> Invasive cancers, high-grade and low-grade referrals are seen, with prioritisation to manage capacity. Some delay in seeing women with low-grade referrals may still occur (up to 12 months instead of the usual 6 months)

Government COVID-19 Alert level	Primary care/community-based services	DHB colposcopy services
Government Alert Level 2	GOVERNMENT ALERT LEVEL 2 Primary care: <ul style="list-style-type: none"> • Routine 3-yearly screening resumes for most women except those over 70 years or with existing medical conditions, where the decision to screen is made on a case-by-case basis. • Invitations for screening should prioritise those who are overdue, using a pro-equity approach to prioritising Māori, Pacific, Asian and migrant and refugee women. • Referral to colposcopy continues as per NCSP protocols. 	OR DHB ALERT LEVEL 1 GREEN DHB Colposcopy: Restore normal services as quickly as possible.
Government Alert Level 1	GOVERNMENT ALERT LEVEL 1 Primary care: <ul style="list-style-type: none"> • All usual cervical screening programme activities resume. 	

Gill Fowler

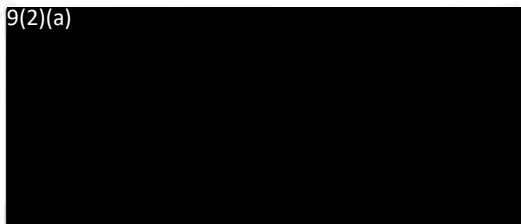
From: 9(2)(a) [REDACTED]@screensouth.nz>
Sent: Friday, 8 October 2021 1:47 p.m.
To: Gill Fowler
Subject: Fwd: NCSP information for primary care - Alert Level 3 [EXTERNAL SENDER]
Attachments: NSU Primary care communication alert level 3 FINAL.docx; FINAL NCSP Communication to primary care - pandemic and guideline changes 24 April 2020.docx

FYI - re OIA

----- Forwarded message -----

From: 9(2)(a) [REDACTED]@screensouth.nz>
Date: Fri, 8 Oct 2021 at 09:52
Subject: Fwd: NCSP information for primary care - Alert Level 3
To: 9(2)(a) [REDACTED]@screensouth.nz>

Ngā mihi,
(Kind regards,)



ScreenSouth Ltd

National Cervical Screening Programme (Regional Services)

BreastScreen South (BSS)

PO Box 25 087, Christchurch 8141

Direct dial: 9(2)(a) [REDACTED]

Tel: 03 375 4096; *Fax:* 03 355 0521



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----- Forwarded message -----

From: 9(2)(a) @health.govt.nz>

Date: Fri, 24 Apr 2020 at 11:55

Subject: NCSP information for primary care - Alert Level 3

To: <NSU - NCSP - Regional Coordinators@health.govt.nz>, <NSU - NCSP - Register coordinators@health.govt.nz>, <NSU - SSS providers 2016@health.govt.nz>

Please find attached the information that has been sent to primary care regarding Alert Level 3. It is being sent via PHOs and RNZCGP.

This provides high level information on all the screening programmes, and more detailed information on cervical screening.

9(2)(a)

National Cervical Screening Programme

Ministry of Health

DDI: 9(2)(a)

Mobile: 9(2)(a)

Fax: 04 816 4484

<http://www.health.govt.nz>

[mailto:9\(2\)\(a\)@health.govt.nz](mailto:9(2)(a)@health.govt.nz)



FREEPHONE 0800 729 729

www.timetoscreen.nz

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National Screening Programmes at Alert Level 3: Primary Care Information

24 April 2020

The move to Government COVID-19 Alert Level 3 will allow us to gradually resume national breast and cervical screening programmes, however bowel screening will not resume at this time. To support primary care providers with this change please find further information below:

Important information for all screening programmes at Alert Level 3

- Refer to guidance on the use of PPE on the Ministry of Health website:
<https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-information-specific-audiences/covid-19-advice-essential-workers-including-personal-protective-equipment/personal-protective-equipment-use-health-care>
- To help minimise delays, screening for COVID-19 symptoms should be undertaken *prior to* face-to-face appointments being undertaken.

Breast Screen Aotearoa	<ul style="list-style-type: none"> All participants who were waiting for assessment during Government Alert Level 4 are offered assessment Breast screening will resume at reduced capacity. Priority women and those who missed their appointment at Alert Level 4 will be first to receive a screening appointment, except those with existing medical conditions Participants with a high likelihood of invasive cancer will be offered assessment and will be referred for treatment. Those with a low likelihood of invasive cancer will be offered assessment as capacity allows
National Cervical Screening Programme	<ul style="list-style-type: none"> Routine cervical screening will begin to resume for eligible women. For those who are 70 + or with existing medical conditions, the decision to screen will be made on a case-by-case basis Providers are to continue to invite, see and follow-up all screening participants with previously identified cervical abnormalities on cytology or histology. In the first instance, priority should be given to annual surveillance rescreens, overdue screens, and priority populations Where capacity allows providers can invite new eligible women and those due for their 3 yearly repeat screening Screening support services can assist with engaging priority populations Continued triage/ assessment of patients with symptoms of abnormal bleeding More detailed information will be provided to primary care about cervical screening and also on the guideline changes due to be published.
National Bowel Screening Programme	<ul style="list-style-type: none"> Bowel screening will not resume under Government Alert Level 3 (this decision will be reviewed monthly) No new invitations or two-yearly recall invitations will be issued Colonoscopies for urgent referrals will continue to be prioritised by DHBs Screening colonoscopies for positive referrals will resume as soon as feasible Participants are being advised to delay completing screening test kits until at Government Alert Level 2 GPs to continue contacting participants with a positive result (virtual contact is appropriate unless face to face assessment deemed important by clinician)

	<ul style="list-style-type: none"> - For participants with a positive result and symptoms suggestive of bowel cancer, GPs are to examine patient as clinically indicated and advise on the referral form - Participants with a positive result who are now experiencing symptoms are being advised to contact their GP for assessment
Antenatal & Newborn Screening	<ul style="list-style-type: none"> - All programmes will continue to operate under Alert Level 3, with changes to ensure safety of staff and mothers and their babies - Newborn hearing screening will be provided only for hospital births and prioritised outpatient cases - Diagnostic audiology will be provided for acute and prioritised cases only

Information for health professionals will also be accessible via the National Screening Unit website COVID-19 webpage at <https://www.nsu.govt.nz/health-professionals/covid-19-information-screening-providers>.

Information for participants about cancer screening programmes will be available at www.timetoscreen.nz and for antenatal and newborn screening programmes at www.nsu.govt.nz

Thank you in advance for sharing this information with all staff, colleagues and networks.

If you have any questions about this communication, please contact 9(2)(a) 9(2)(a) @health.govt.nz.

Finally, thank you for all that you and your team are doing to manage this rapidly changing situation.

Ngā mihi nui

9(2)(a)

9(2)(a)

9(2)(a)

National Screening Unit
Ministry of Health

National Screening Programmes at Alert Level 3: Primary Care Information

24 April 2020

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Thank you in advance for sharing this information with all staff, colleagues and networks.

If you have any questions about this communication, please contact Stephanie Chapman on 021 881 035 or stephanie.chapman@health.govt.nz.

Finally, thank you for all that you and your team are doing to manage this rapidly changing situation.

Ngā mihi nui

9(2)(a)

9(2)(a)

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National Screening Unit
Ministry of Health

9(2)(a)



NCSP During COVID-19: Primary Care Update, 24 April 2020

Key information in this communication

1. NCSP expectations for cervical screening and colposcopy at the different alert levels
2. A significant change to the follow-up of women after treatment for a high-grade squamous lesion.
3. Other relevant changes in the revised *Clinical Practice Guidelines for Cervical Screening in New Zealand 2020* due to be published.

1. The NCSP during the COVID-19 pandemic

In Government COVID-19 Alert Level 3 essential preventative health care continues, which includes cervical screening. The National Screening Unit is keen to re-establish cervical screening as soon as possible, and has provided the following guidelines for primary care:

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	<p>b) Have you been in contact with others in the last two weeks who have been unwell?</p> <p>c) Have you been in any contact with people who are unwell with respiratory symptoms/fever or who have undergone testing for COVID-19?</p> <ul style="list-style-type: none"> Providers should follow their own protocols and other risk assessments for seeing patients who answer 'yes' to any of the above questions. <p>Refer to the following links on the Ministry of Health website:</p> <p>Poster – Principles of PPE use in health care settings. This link also includes a range of other resources.</p> <p>https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-information-specific-audiences/covid-19-advice-essential-workers-including-personal-protective-equipment/personal-protective-equipment-use-health-care</p> <p>COVID-19 – Primary care quick reference guide; COVID-19 questions and answers for primary health care workers</p> <p>https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-resources-health-professionals/covid-19-primary-care</p>
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To assist with your planning, Appendix 1 provides a summary table of expected activity in primary care and colposcopy depending on the various alert levels.

2. Significant change to the follow-up pathway after treatment at colposcopy

There is an important change in the new clinical guidelines (soon to be published) relating to the recommended follow-up pathway for treatment of high-grade squamous disease.

Currently women are seen at 6-months for a colposcopy and cytology test and have a 'test of cure' (cytology and HPV test) in primary care at 12 and 24 months post-treatment. From April 2020 the following changes are being made:

- Many patients treated for high-grade squamous disease will be able to be discharged to primary care for a 'test of cure' at 6 and 18 months after treatment (rather than at 12 and 24 months).
- Women can still be followed up at colposcopy post-treatment if there are any clinical concerns.

This change to the follow-up post treatment of high-grade lesions is effective immediately.

You will be advised by the colposcopy unit if this change affects any of your patients.

The change was planned to be introduced with HPV primary screening but has been fast-tracked due to the evolving COVID-19 situation. This will help limit non-essential attendance at clinical appointments. Other countries, including the UK and Ireland have introduced this change to their patient care pathway. It has been ratified by the Ministry of Health's National Cervical Screening Programme Advisory Group.

Most importantly, there is good evidence that compared to a colposcopy and cervical screening test at 6 months, cervical screening together with an HPV test is much better at identifying the effectiveness of treatment and avoids an unnecessary colposcopy.

The NCSP Register is fully informed of this change and will accept HPV testing carried out as part of a 'test of cure' from 6 months post-treatment.

3. Other important changes in the updated NCSP Guidelines

The Ministry of Health will shortly be publishing the updated *Clinical Practice Guidelines for Cervical Screening in New Zealand 2020*. This includes:

- A change to the starting age for screening to 25 years.
- A new section on abnormal bleeding to assist medical practitioners in primary care with assessment, management and referral decisions.
- People aged 70 years and older who were unscreened or under-screened prior to age 70 will be required to have two consecutive normal cytology samples (taken 12 months apart) before ceasing cytology screening.

Thank you once again for your support to patients during this stressful period of disruption to usual work arrangements.

Kind regards

9(2)(a)

9(2)(a), National Screening Unit

Appendix 1 – NCSP delivery in primary care and DHB colposcopy services according to alert levels

Government COVID-19 Alert level	Primary care/community-based services	DHB colposcopy services
Government Alert Level 4 in the region	GOVERNMENT ALERT LEVEL 4 Primary care: <ul style="list-style-type: none"> Routine screening is paused. Anyone who is due for more frequent surveillance screening or follow-up tests such as annual recalls, should continue to be invited, seen and referred as per the existing NCSP pathway. Some providers or patients may not be able or comfortable undertaking cervical screening during this time and under these circumstances, a delay of up to three months is acceptable, with encouragement to attend once the three months has elapsed. Anyone with cytologic or clinical suspicion of invasive cancer is referred urgently for specialist assessment. 	DHB ALERT LEVEL 4 RED DHB Colposcopy: <ul style="list-style-type: none"> See proven or suspicious cervical cancer cases only <p style="text-align: center;">OR</p> DHB ALERT LEVEL 3 ORANGE DHB Colposcopy: <ul style="list-style-type: none"> Referrals with suspected or proven cancer should be seen urgently. High-grade referrals should be triaged and seen as soon as capacity allows. Other referrals are held. <p style="text-align: center;">OR</p> DHB ALERT LEVEL 2 YELLOW DHB Colposcopy: <ul style="list-style-type: none"> Invasive cancers, high-grade and low-grade referrals are seen, with prioritisation to manage capacity. Some delay in seeing women with low-grade referrals may still occur (up to 12 months instead of the usual 6 months)
Government Alert Level 3 in the region	GOVERNMENT ALERT LEVEL 3 Primary care: <ul style="list-style-type: none"> As soon as resources allow, routine 3-yearly screening resumes for most women except those over 70 years or with existing medical conditions, where the decision to screen is made on a case-by-case basis. In the first instance, invitations should prioritise those who are overdue for screening, using a pro-equity approach to prioritising Māori, Pacific, Asian and migrant and refugee women. Engage screening support services in your district, if available, to assist with engaging priority group women who are hard to reach. Referrals to colposcopy continue. Anyone with cytologic or clinical suspicion of invasive cancer is referred urgently for specialist assessment. Regional variation may occur. For example, a region remaining at Level 4 will be unable to resume routine screening. Women are advised that there could be some delays in being seen at colposcopy, particularly if referred with low-grade changes. 	

Government COVID-19 Alert level	Primary care/community-based services	DHB colposcopy services
Government Alert Level 2	GOVERNMENT ALERT LEVEL 2 Primary care: <ul style="list-style-type: none"> • Routine 3-yearly screening resumes for most women except those over 70 years or with existing medical conditions, where the decision to screen is made on a case-by-case basis. • Invitations for screening should prioritise those who are overdue, using a pro-equity approach to prioritising Māori, Pacific, Asian and migrant and refugee women. • Referral to colposcopy continues as per NCSP protocols. 	OR DHB ALERT LEVEL 1 GREEN DHB Colposcopy: Restore normal services as quickly as possible.
Government Alert Level 1	GOVERNMENT ALERT LEVEL 1 Primary care: <ul style="list-style-type: none"> • All usual cervical screening programme activities resume. 	

Gill Fowler

From: 9(2)(a)@screensouth.nz>
Sent: Friday, 8 October 2021 1:51 p.m.
To: Gill Fowler
Subject: Fwd: Decline in screening volumes 20-21 [EXTERNAL SENDER]
Attachments: Decline in screening volumes 2020 - 21.xlsx

Kia ora Gill

Re the OIA - the attached spreadsheet shows the impact of COVID alert levels on claims from PHOs for free smears volumes.

Ngā mihi

9(2)(a)

----- Forwarded message -----

From: 9(2)(a)@screensouth.nz>
Date: Fri, 8 Oct 2021 at 10:45
Subject: Decline in screening volumes 20-21
To: 9(2)(a)@screensouth.nz>

Hi 9(2)(a)

as attached screening volumes

Ngā mihi,
(Kind regards,)

9(2)(a)

ScreenSouth Ltd

National Cervical Screening Programme (Regional Services)

BreastScreen South (BSS)

PO Box 25 087, Christchurch 8141

Direct dial: 9(2)(a)

Tel: 03 375 4096; Fax: 03 355 0521



[illegible]

Gill Fowler

From: 9(2)(a)@health.govt.nz
Sent: Thursday, 23 September 2021 3:08 p.m.
To: 9(2)(a)@health.govt.nz
Cc: 9(2)(a)@health.govt.nz
Subject: Free and accessible screening services - send your plan by 8 October
Attachments: Free and Accessible Screening Services - Reporting template.docx

Dear NCSP Portfolio Managers

In the recent variation DHBs were provided with funding for cervical screening initiatives to reduce the backlog in Maori and Pacific women who delayed screening after the COVID backlog.

A reminder that the NCSP needs to approve the plan on how the DHB plans to utilise the funding provided. A one pager with your planned activities - and the budget - is needed.

The plan was due at the end of August, but due to COVID disruptions, we would appreciate you sending this in 2 weeks by Friday 8 October 2021.

As I am leaving this role very shortly, **please send this to** 9(2)(a)@health.govt.nz .

Thereafter, reporting is due with the usual NCSP reporting

- January – June reports are due on 31 July each year.
- July - Dec reports are due 31 January each year

Until the new portfolio manager is appointed, any future questions you have related to the NCSP contract should be directed to 9(2)(a)@health.govt.nz

9(2)(a)

National Cervical Screening Programme
Ministry of Health
DDI: 9(2)(a)
Mobile: 9(2)(a)

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Gill Fowler

From: 9(2)(a)@health.govt.nz
Sent: Wednesday, 25 August 2021 1:04 p.m.
To: Gill Fowler
Subject: RE: SIGNED 338157-09 - CDHB NCSP variation [EXTERNAL SENDER]

OK, noted 9(2)(a)

From: Gill Fowler <Gill.Fowler@cdhb.health.nz>
Sent: Tuesday, 24 August 2021 4:48 pm
To: 9(2)(a)@health.govt.nz
Cc: NSU Business <NSUBusiness@health.govt.nz>; Ralph La salle <Ralph.Lasalle@cdhb.health.nz>; Contracts <Contracts@cdhb.health.nz>
Subject: RE: SIGNED 338157-09 - CDHB NCSP variation [EXTERNAL SENDER]

H 9(2)(a)

We are currently working through the NCSP contracting process. I have to flag that we will not be able to meet the due date of 'by 31 August 2021' for submission of the Free and Accessible Cervical Screening Services plan. The Schedule allows for up to 2 months from commencement, when the contracting is completed, I'll contact you so that we can confirm a revised due date.

Cheers
Gill

Gill Fowler
Service Development Manager Secondary Care
Planning & Funding - Canterbury & West Coast District Health Boards
DDI: 9(2)(a)
Internal: 62157
Work days: Monday - Thursday

From: 9(2)(a)@health.govt.nz
Sent: Friday, 20 August 2021 8:44 a.m.
To: Contracts <Contracts@cdhb.health.nz>
Cc: Gill Fowler <Gill.Fowler@cdhb.health.nz>; NSU Business <NSUBusiness@health.govt.nz>
Subject: SIGNED 338157-09 - CDHB NCSP variation [EXTERNAL SENDER]

Counter-signed agreement for CDHB attached.

From: 9(2)(a) On Behalf Of Contracts
Sent: Thursday, 19 August 2021 12:47 pm
To: 9(2)(a)@health.govt.nz
Cc: Gill Fowler <Gill.Fowler@cdhb.health.nz>
Subject: SIGNED - 338157-09 - National Cervical Screening Programme

HI 9(2)(a)

Please find attached signed revenue agreement for countersigning.

Kind regards
9(2)

9(2)(a)

Contracts Coordinator

Canterbury and West Coast District Health Board

Planning and Funding
Level 2, 32 Oxford Terrace
PO Box 1600
Christchurch 8140
☎: Ext: 62194 DD: 9(2)(a)

@cdhb.health.nz

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Free and Accessible Screening Services six-monthly reporting template

Reporting Template

Note:

January – June reports are due on 31 July each year.

July – December reports are due on 31 January each year

Free and Accessible Cervical Screening Services

DHB	
Reporting Period	
In the last six months, outline what you have done to deliver free and accessible cervical screening directed towards eligible Māori and Pacific people. Describe activities and involvement of Māori, iwi and Pacific health providers and PHOs, where applicable:	
Provide a summary of progress against the goals of the screening initiative(s) outlined in the plan agreed with the NCSP:	

Outline the following activities and outcomes:

Māori

Backlog ¹ (as at December 2020)	Total number of participants screened (1 st reporting period)	Total number of participants screened (2 nd reporting period)

Pacific

Backlog (as at December 2020)	Total number of participants screened (1 st reporting period)	Total number of participants screened (2 nd reporting period)

Non-Māori, non-Pacific

Total number of participants screened (1 st reporting period)	Total number of participants screened (2 nd reporting period)

¹ Backlog is defined as the difference in screening (cytology) volumes in December 2020 compared to screening (cytology) volumes in December 2019.

Outline your DHB's coverage² of eligible Māori and Pacific people at the end of the six-month period. Please state the source and the month:

Coverage (as at December 2020)		Coverage (most recent monthly coverage for the 1 st reporting period)		Coverage (most recent monthly coverage for the 2 nd reporting period)	
Māori	Pacific	Māori	Pacific	Māori	Pacific

Financial Statement

NB this template can be adapted

	Budget	Actual expenditure (2 nd reporting period)
Eg Salaries/wages, clinic set-up expenses, other expenses		
Total		

Do you have any other comments to make?

Only complete for the final reporting period (2nd reporting period).

For the final reporting period, provide detail on how the initiative(s) went, what worked and what didn't work, and lessons learnt.

² DHB coverage determined by the National Cervical Screening Programme Coverage Report app
9(2)(a)

Gill Fowler

From: 9(2)(a)@health.govt.nz>
Sent: Wednesday, 4 August 2021 9:46 a.m.
To: Gill Fowler
Subject: RE: June 2021 quarterly coverage reports published[EXTERNAL SENDER]

Hi Gill

Yes screening numbers went up as a result of 9(2)(a), but dropped back to normal after a couple of months. This could well have contributed to improved coverage data for women screened in the last 3 years.

9(2)(a)

From: Gill Fowler <Gill.Fowler@cdhb.health.nz>
Sent: Wednesday, 4 August 2021 9:27 am
To: 9(2)(a)@health.govt.nz>
Subject: RE: June 2021 quarterly coverage reports published[EXTERNAL SENDER]

Hi 9(2)(a)

The Canterbury CDHB June data (interactive data on Shiny) went up and looks like other DHBs too. Do you have any feel that this might be due to the publicity from 9(2)(a) case?

ngā mihi

Gill

Gill Fowler
Service Development Manager
Canterbury & West Coast DHBs Planning & Funding
Ph: 9(2)(a) Ext: 62157
Work Days: Monday - Thursday

From: 9(2)(a)@health.govt.nz>
Sent: Wednesday, 4 August 2021 8:47 a.m.
To: [NSU - NCSP - Regional Coordinators@health.govt.nz](mailto:NSU-NCSP-RegionalCoordinators@health.govt.nz); [NSU - NCSP - Register coordinators@health.govt.nz](mailto:NSU-NCSP-Registercoordinators@health.govt.nz); [NSU - NCSP - DHB Portfolio Managers@health.govt.nz](mailto:NSU-NCSP-DHBPortfolioManagers@health.govt.nz); [NSU - Screening Support Services@health.govt.nz](mailto:NSU-ScreeningSupportServices@health.govt.nz)
Subject: June 2021 quarterly coverage reports published[EXTERNAL SENDER]

Môrena koutou,

The June 2021 NCSP quarterly reports are published online: <https://www.nsu.govt.nz/health-professionals/national-cervical-screening-programme/cervical-screening-coverage/dhb-quarte-35>

Ngā mihi

9(2)(a)

Quality Monitoring Performance and Reporting Leader
National Screening Unit, Screening Insights and Analytics
Population Health and Prevention

Manatū Hauora - Ministry of Health

Waea: 9(2)(a) | imēra: 9(2)(a) @health.govt.nz

Zoom: 9(2)(a)

Mā te taiao, kia whakapakari tōu orange



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Gill Fowler

From: 9(2)(a)@health.govt.nz>
Sent: Monday, 19 July 2021 9:41 a.m.
To: Gill Fowler
Subject: RE: cervical screening coverage rates for June?[EXTERNAL SENDER]

The monthly data is always available earlier on the interactive (shinyapp) coverage data tool.

(under coverage on the NSU website) "You can now access NCSP Coverage data and reports using our interactive coverage data tool."

However, I see that May 2021 is the latest. . .

I don't know when this will be available. You could check at the end of the week.

9(2)(a)

From: Gill Fowler <Gill.Fowler@cdhb.health.nz>
Sent: Monday, 19 July 2021 9:31 am
To: 9(2)(a)@health.govt.nz>
Subject: cervical screening coverage rates for June?

Hi 9(2)(a)

Are the cervical screening coverage rates for June available yet?

Many thanks

ngā mihi

Gill

Gill Fowler
Service Development Manager
Canterbury & West Coast DHBs Planning & Funding
Ph: 9(2)(a)
Work Days: Monday - Thursday

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Gill Fowler

From: 9(2)(a) [REDACTED]@health.govt.nz>
Sent: Friday, 4 June 2021 5:27 p.m.
To: Gill Fowler
Subject: DRAFT NCSP Variations for your review (CDHB and WCDHB) - feedback by 18 June
Attachments: DRAFT Canterbury 338157-09.pdf; DRAFT West Coast 338274_09.pdf

Please find attached draft variations for your review for CDHB and WCDHB, before final versions are sent for signing.

Please provide any feedback or clarification discussion points **by Friday 18 June 2021** at the latest.

The variation is for two years, from 1 July 2021 to 30 June 2023.

The programme has secured additional government funding in Budget 21 to support the ongoing delivery of colposcopy services. In addition the programme has secured additional one off funding to support areas significantly impacted as a result as a result of Level 3-4 alert responses to the Covid-19 pandemic.

Unfortunately, we were not able to allocate COVID recovery funding to West Coast DHB, as our data identified no backlog in screening,

Note - Your DHB provides a regional NCSP service, and the one-off COVID recovery funding has been provided to SCDHB. We have asked them to contact you to discuss management of the funding (due to their size it is not significant) – they may also consider managing it on their own.

The key changes in the variation are as follows:

1. A significant increase in colposcopy funding
2. New one-off funding for free and accessible cervical screening, to be directed towards Māori and Pacific women.

Further detail is provided in the table below.

Area	Key changes	Comment
New one-off funding	A new schedule C6 with one off funding in 21/22 for 'free and accessible screening' initiatives.	After the COVID-19 lockdown(s) Māori and Pacific were slower to return to screening. This is funding to support screening recovery directed towards Māori and Pacific women. The funding is one-off for one year.
Colposcopy	A significant increase in the unit price for colposcopy services. This variation clarifies that DHB colposcopy funding includes the costs associated with all	Over time the contract price for colposcopy has reduced. This increase will take the unit price up to just below the National Cost Collection and Pricing Programme (NCCP) price. The current colposcopy contract identifies that histology is funded as part of colposcopy services.

	diagnostic testing for colposcopy services.	This variation clarifies that DHB colposcopy funding includes the costs associated with all colposcopy laboratory diagnostic testing.
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9(2)(a)

9(2)(a)

National Cervical Screening Programme
National Screening Unit, Population Health and Prevention
Ministry of Health

9(2)(a) @health.govt.nz

9(2)(a)

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Gill Fowler

From: 9(2)(a) [REDACTED]@health.govt.nz>
Sent: Tuesday, 27 April 2021 3:56 p.m.
To: Robyn Blue
Subject: NCSP variation to be issued for free and accessible screening for Māori and Pacific women[EXTERNAL SENDER]

Dear DHB Portfolio Manager

****Please share this information with your GM Planning & Funding, and another relevant members of the team, as appropriate****

This email is to advise you that funding will shortly be sent to the DHB by way of a contract variation for 'free and accessible cervical screening for Māori and Pacific women'.

Background

After the COVID-19 lockdown last year, Māori and Pacific women were slow to get back into screening.

The NCSP has been successful in securing funding to prioritise screening initiatives for Māori and Pacific women.

This is one-off funding for one year to implement specific initiatives to support equitable cervical screening recovery in Māori and Pacific women.

Funding is being distributed to DHBs based on analysis of the number of Māori and Pacific women to be screened to return to pre-COVID levels.

Where DHBs are responsible for regional NCSP services, similar to the other funding you receive for regional NCSP services, funding for initiatives in the DHBs you are responsible for will be included in this variation. It is expected you will involve them in decisions on implementation.

The current contract does not support the distribution of one-off funding, and so a separate variation needed to be issued to ensure funding distribution in the 20/21 year.

Assistance is expediting the signing of this variation

We expect you will receive this one-off funding variation in early May.

Please note, when this variation is received it is important that you work to ensure it is signed as soon as possible. This is because the generic NCSP variation (which we expect to issue in late May / early June) can not be issued until this variation is signed.

Therefore, your assistance in expediting the signing of the variation is appreciated.

9(2)(a) [REDACTED]

National Cervical Screening Programme
National Screening Unit, Population Health and Prevention
Ministry of Health

9(2)(a) [REDACTED]@health.govt.nz

9(2)(a) [REDACTED]