

21<sup>st</sup> October 2021

s9(2)(a)

Dear s9(2)(a)

### Official Information Act Request for – Cervical & Breast Screening

I write in response to your Official Information Act request received by us 24<sup>th</sup> September 2021, you requested the following information:

**It appears the number of women being screened for cervical and breast cancers is slipping well below target. In Auckland DHB's latest board agenda, for cervical (2020/21 Q4) - Auckland sat at 69%, Waitemata at 70% and Counties Manukau at 65% (national target 80%) For breast -Auckland 53%, Waitemata 64% and Counties 66% (national target 70%).**

**Here was the commentary (p.51)**

***Total coverage remains below target, with coverage in Māori and Pacific significantly lower. COVID-19 restrictions affected the completion of cervical screens. Small gains were made in Q4 in all groups, attributed to the publicity around an MP's diagnosis. Despite the small gains, the overall decline in both national and local coverage has been the trend for 3-4 years. The announcement in May of the planned introduction of HPV primary screening in 2023 is welcome, but may see a further decrease in coverage as women wait for the self-test option. Cancer risk is higher in Māori and Pacific women who are unscreened or have not been screened for >5 years; these groups remain a priority***

- 1. Can you clarify the data for 2020/21 Q4?**
- 2. I can't seem to find the numbers for Q4 previous year to compare - what were they at each DHB?**
- 3. It says there has been a decline both nationally and locally in the last 3-4 years - what were these rates four years ago?**
- 4. As a result of the downward trend in the last 3-4 years there been any noticeable rise in the number of women presenting to emergency departments with cervical cancer?**
- 5. Are DHBs concern women could delaying being screened because they are waiting for the HPV self-test that won't be available until next year? What is the DHB's message to these women?**
- 6. What is being done to reach those high risk groups, including those who have not been screened for five years?**

### Counties Manukau Health Response:

For context Counties Manukau Health (CM Health) employs over 8,500 staff and provides health and support services to people living in the Counties Manukau region (approx. 601,490 people). We see over 118,000 people in our Emergency Department each year, and over 2,000 visitors come through Middlemore Hospital daily.

Our services are delivered via hospital, outpatient, ambulatory and community-based models of care. We provide regional and supra-regional specialist services i.e. for orthopaedics, plastics, burns and spinal services. There are also several specialist services provided including tertiary surgical services, medical services, mental health and addiction services.

1. **Can you clarify the data for 2020/21 Q4?** See below.
2. **I can't seem to find the numbers for Q4 previous year to compare - what were they at each DHB?** See below.
3. **It says there has been a decline both nationally and locally in the last 3-4 years - what were these rates four years ago?**

In response to questions 1-3, we have provided quarter 4 data for the last 4 years. Please note, quarter 4 coverage is up to 30 June 2021.

This information is also publicly available on the Ministry of Health Shiny application:

- Breast screening (Shiny): <https://minhealthnz.shinyapps.io/nsu-bsa-coverage-dhb/>
- Cervical screening (Shiny): <https://minhealthnz.shinyapps.io/nsu-ncsp-coverage/>

Significant reductions from 2020 have been noted due to Covid-19.

#### BreastScreen % Coverage 45-69 Years

	Q4 2018	Q4 2019	Q4 2020	Q4 2021
<b>Total</b>	73.3	72.8	66.6	63.0

#### Cervical Screening % coverage (25-69 years) CMDHB

	Q4 2018	Q4 2019	Q4 2020	Q4 2021
<b>Total</b>	68.7	66.3	62.6	63.4

4. **As a result of the downward trend in the last 3-4 years there been any noticeable rise in the number of women presenting to emergency departments with cervical cancer?**

Women do not usually present to the Emergency Department with a presenting condition of cervical cancer. ED presentation information is coded with the symptoms a person presents with rather than a diagnosed disease. Patients would normally present to their GP and would then be on a Primary Care pathway in relation to treatment for cervical cancer.

Te Aho o Te Kahu (NZ National Cancer Control Agency) has been monitoring and reporting on the effect that the previous Covid lockdowns have had on cancer care and has a range of data available at the following link:

- <https://teaho.govt.nz/reports>

5. **Are DHBs concern women could delaying being screened because they are waiting for the HPV self-test that won't be available until next year? What is the DHB's message to these women?**

We note a slight decrease in screening coverage over the last 4 years, please note that Covid will have impacted this for the 2020 and 2021 years.

The introduction of a pilot HPV testing programme in some practices may have an impact on participation in the regular cervical screening programme. It is important to note that HPV testing is not currently available to all women and it is therefore essential that regular cervical screening is not delayed while waiting for the implementation of a National HPV testing programme.

The aim of cervical screening is to prevent cervical cancer by finding changes in the cervix that can be treated before they become cancers and to identify cervical cancers early as smaller cancers are much easier and successfully treated before they become larger invasive cancers. Putting off screening may result in a cancer diagnosis or a more advanced cancer that would have occurred if regular screening was continued.

**6. What is being done to reach those high risk groups, including those who have not been screened for five years?**

Routine breast and cervical screening does not occur under Covid alert level 4 and at reduced levels during level 3 to enable physical spacing in waiting areas and increased infection control measures, therefore screening volumes and coverage are significantly reduced during Covid levels 3 and 4. The Auckland region has been most affected, in that this region has been in Covid levels 3 and 4 longer compared to other regions.

For Breast Screening, priority groups are Maaori and Pacific women and women who have never been screened or are overdue for screening. During alert level 4 staff worked on a project to contact and enrol Maaori and Pacific women who were not enrolled in the screening programme. When screening commenced under level 3, strategies were put in place to prioritise screening of priority women, initially following up Maaori and Pacific who had screening cancelled during level 4 and offering appointments to those women who have been enrolled in Level 4. The service is also working to increase screening capacity to help catch-up with volumes lost due to Covid.

For cervical screening, the DHB is planning to run additional clinics for priority women, however it is important to note that most cervical smears are delivered through primary care practices. Additional funding has been provided this year to primary care to increase the number of free cervical smears that are delivered to priority populations in the primary care setting.

I trust this information answers your request. You are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. Information about how to make a complaint is available at [www.ombudsman.parliament.nz](http://www.ombudsman.parliament.nz) or Freephone 0800 802 602.

Please note that this response or an edited version of this may be published on the Counties Manukau Health website. If you consider there are good reasons why this response should not be made publicly available, we will be happy to consider this.

Yours sincerely



**Fepulea'i Margie Apa**  
**Chief Executive Officer**  
**Counties Manukau Health**