



Update on HPV Primary Screening

Go-live 12 September

General Practice/PHO drop in sessions







HPV Primary Screening | Change is coming

HPV primary screening will support new clinical pathways providing greater choice to participants. Reducing barriers to uptake and increase screening in priority groups to reduce mortality rates in our communities



PHASE 1: FOUNDATIONAL STEP

Participants can choose self- or clinician-supervised HPV primary screening test, or a speculum test

New pathways and NCSP-Register rolled out. The focus will be on Māori and Pacific participants and increasing screening in the under- or unscreened populations.



PHASE 2: EXPANDING REACH

Focus on increasing uptake through notifications

Increasing reach through notifications, including underand unscreened populations not enrolled in primary care. Primary Care now have the ability to easily access screening history.



PHASE 3: FULL BENEFIT

Achieving the future vision

More participants are encouraged into screening, increasing our screening coverage, experience and satisfaction. Participants can choose to self-test. Our workforce feels empowered through training and accreditation to advise and support participants through the new pathways. The new NCSP-Register is embedded into our ways of working

Implementation Progression

Key Changes in Phase 1

- Participants will have an HPV screening test; most will be able to choose a self-test
- They can also choose to have an LBC sample that will be tested for HPV
- The focus will be on Māori and Pacific participants and under- or unscreened populations
- New Clinical Practice Guidelines for Cervical Screening will apply
- The new NCSP Register will go live

INITIAL ROLLOUT MAR '24

- The HPV test will be the primary cervical screening test from 12 September 2023.
- Participants have the choice of two cervical screening options:
- HPV vaginal swab test, either a self-test or assisted by a clinician
- A clinician-taken cervical specimen, previously referred to as a smear test, which is tested for HPV. If HPV is detected cytology will be processed automatically without the person needing to return for another test.
- Free cervical screening for the priority participant groups.
- Screening intervals will increase to five years (three years for people with immune deficiency) after HPV not detected results.
- Screening is extended to ages 70-74 if unscreened or under-screened.
- Practices may choose to offer a takehome option for the self-test.
- A new population-based NCSP-Register will support the cervical screening programme.
- The NSU will continue to provide the monthly PHO report showing the screening status and relevant clinical and demographic information for participants enrolled with the PHO to support followup.

Why?

- HPV testing is highly sensitive and accurate. It will identify the 10% of those screened who have highrisk HPV and are at increased risk of developing precancerous cervical cell changes.
- The HPV self-test is much more acceptable and will help achieve equity outcomes.
- Research has shown a significant increase in screening uptake compared to the cervical smear test, particularly in Māori and Pacific peoples.
- Early detection of HPV enables monitoring or treatment leading to improved outcomes.

Eligibility

- Women or people with a cervix aged 25 to 69, who have ever had intimate skin-to-skin contact or any sexual activity, no matter their sexual orientation.
- Transgender men and non-binary people who were assigned female at birth will not be on the NCSP-Register if their assigned gender in the PMS is male. Enrolment in NCSP must be notified.

Who's Involved in General Practice?

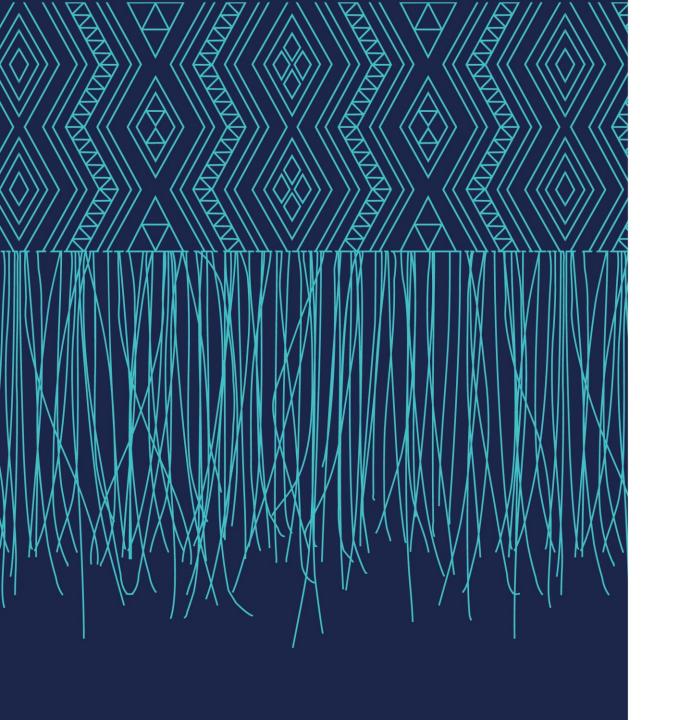
- Informed consent for HPV screening and follow-up of test results must be performed by responsible clinicians who are current sample-takers.
- Responsible clinicians are either: GPs, midwives, or nurses who have completed the NZQA Unit Standard 29556.
- In the future, the workforce will be expanded to included nurses who have not completed NZQA training and non-clinical team members. They will work under the delegation of a responsible clinician.

Free Cervical Screening

Te Whatu Ora has announced funding to provide free cervical screening services for key groups from 12 September 2023, as part of its move to the new HPV test. The mechanism to implement this funding is being developed.

Free screening will be available from 12 September for:

- women and people with a cervix 30 years and over who are unscreened (have never had a screening test) or under-screened (haven't had a cytology test in the past 5 years)
- anyone requiring follow up
- · Māori and Pacific
- anyone who is a community service card holder.



Funding

Funding approach

	Step 1	Step 2	
Description	Minimum Viable Product (MVP) for go-live 12 September	Comprehensive funding model	
Timeframe	Establishment: now – 12 Sept Period: 12 September – March 2024	Establishment: 4 Sept – March 2024 Period: March 2024 – TBC (could be earlier depending on progress and model identified).	
Details	 Letter of Intent (LoI) will be in place covering new funding pricing/scheduling and payment mechanisms. Not enough time to establish contract variations ahead of 12 Sept. Same contract and payment mechanisms as currently. Same reporting mechanisms as currently. Changes in claiming forms: Eligibility & Fee categories 	 Detailed modelling of cost to develop comprehensive and sustainable funding model for the sector Streamline funding mechanisms and reporting. Expanding provider access to funding e.g., midwifery, new providers who aren't currently contracted directly to deliver cervical screening. Developing outcomes based framework for primary care to drive equity of coverage. 	

Code	Service	Fee (ex GST)
NSU002	Routine screen (i.e., Māori, Pacific, and CSC holders who are not un/under-screened)	\$35
NSU004	All un/under-screened wāhine and people with a cervix	\$50
NSU003	All follow up testing	\$50



PHO/Primary Care Readiness

Link to Primary Care list

Te Whatu Ora
Health New Zealand

Primary Care Readiness Checklist

This checklist provides an overview of tasks and preparations that Primary Care facilities need to undertake to be ready for the new Human Papillomavirus (HPV) Test rollout on Tuesday 12 September 2023.

This checklist can be used by **Clinical Leads / HPV Primary Screening Champions / Practice Facility Leads** to ensure your Primary Care facility is ready to start HPV testing.

Recommendation: the approval of this checklist will rest with the PHO Primary Care liaison for each Te Whatu Ora district or Primary Care Liaison for a PHO.

Key Tasks	1			
HPV primary screening communications				
 Information and communications about the new HPV primary screening test have been received from the National Cervical Screening Programme and distributed to relevant staff in our facility. 				
Essential Training				
Training information has been received and completed by relevant staff at our facility.				
For accredited cervical sample-takers, and GPs and midwives:				

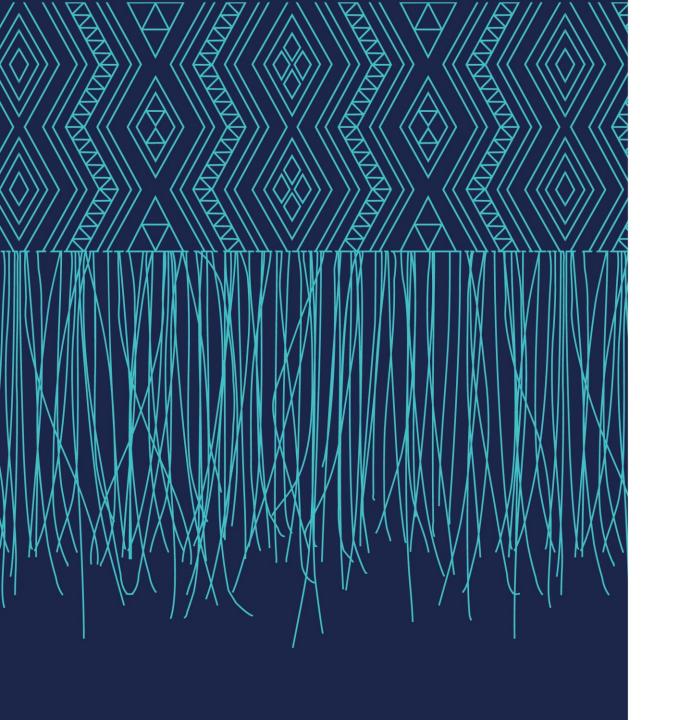
Essential training materials in preparation for the 12 September 2023 go-live are:

Changes to PMS - Cervical Screening Outcome or Measurement codes to record the screening event and to set the recall date

Link to Outcomes Codes

HPV-Only Codes

Code	Lab Recommendation or situation	Outcome Code / Measurement Descriptor	Outcome indicator	Best Practice
H-ND	The next HPV screening test should be taken in five years, based on the NCSP Register history.	HPV not detected	Normal	Recall in five years Or three years, if immune deficient Recommend use note field to record immune deficient
1618	Referral for specialist colposcopy assessment is indicated.	HPV 16 / 18 detected	Abnormal	Refer as per recommendation Update recall on discharge from specialist.
HPVO	Please recall now for a clinician-taken liquid-based cytology (LBC) sample, as cytology is indicated. Or Referral for specialist colposcopy assessment is indicated.	HPV Other detected	Abnormal	Recall or refer as per recommendation Use note field to indicate if LBC recommended



Support

How do I get help?



I'm a PARTICIPANT with a QUESTION

I call 0800 729 729 or I email screening@health.govt.nz

Note: for participant withdrawal requests ONLY, the participant should be directed to info@ncspregister.health.nz / 0800 50 60 50



I'm a provider with a PROGRAMME QUESTION

I call 0800 729 729 or I email my regional contact

Don't stress if you're a provider and not sure which number to use – just give us a call!



I'm a provider with a CLINICAL QUESTION I call 0800 4 90 70 90 or

I email my regional contact



I'm a user with a TECHNICAL QUESTION

I call 0800 223 987 or

I email <u>screening@health.govt.nz</u>

Who am I talking to?



0800 729 729

Regional centres
(with surge to Whakarongorau
Aotearoa during hypercare)

0800 4 90 70 90

Regional centres
(with surge to Whakarongorau
Aotearoa during hypercare)

0800 223 987

Te Whatu Ora Contact Centre



screening@health.govt.nz

Te Whatu Ora Contact
Centre

Regional contact: depends on region

info@ncspregister.health.nz

Whakarongorau Aotearoa

Regional centres can escalate to Whakarongorau Aotearoa **or** to the NCSP (depending on the specific query).

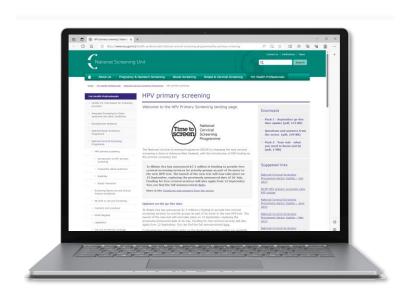
The final escalation point of all support is the National Cervical Screening Programme, providing top-level operational, clinical, and strategic guidance for the Programme as a whole.



Lab Overview

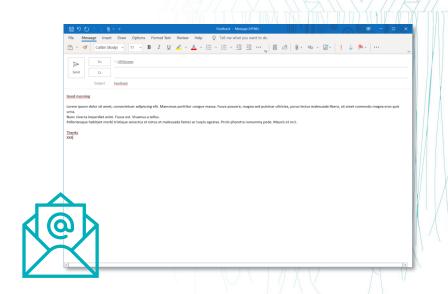
Laboratories by District* pathlab Te Whatu Ora Health New Zealand **APS** COPAN FLOOSwabs CE of Awanui Labs Awanui (SCL) APS + Awanui Pathlab *This map only shows geographic distribution of laboratories for community samples.

Te Ara Matua | For more information



Te Whatu Ora Website:

<u>Understanding HPV Primary</u> <u>Screening – Te Whatu Ora - Health</u> <u>New Zealand</u>



Send questions or feedback to:

hpvscreen@health.govt.nz

Te Whatu Ora Health New Zealand

Any Pātai?

