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The Royal Australasian College of Physicians' submission to the Ministry of Health

National Cervical Screening Programme: HPV Primary Screening Clinical Pathway to Introduce Self-Testing

Pipiri 2021

Introduction

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to submit feedback to the Ministry of Health on the National Cervical Screening Programme: HPV Primary Screening Clinical Pathway to Introduce Self-Testing.

The RACP works across more than 40 medical specialties to educate, innovate and advocate for excellence in health and medical care. Working with our senior members, the RACP trains the next generation of specialists, while playing a lead role in developing world best practice models of care. We also draw on the skills of our members, to develop policies that promote a healthier society. By working together, our members advance the interest of our profession, our patients and the broader community.

Overall Position

The RACP strongly supports the universal availability of a choice between a clinician-taken sample or a self-test for HPV primary screening. Research has shown a clear benefit from self-testing, with improved screening rates for Māori women of up to 2.8 times the rate for swabs acquired through a cervical cytology test. This could potentially halve the number of under-screened/never-screened Māori women and decrease overall morbidity and mortality, providing a strong rationale for implementation[1]. Low screening coverage is also prevalent across Pacific, and especially, Asian communities in Aotearoa NZ, with significant benefits possible from self-testing[2].

Cervical Cancer Care Inequity for Māori

Cervical cancer inequitably impacts upon Māori women. Compared to non-Māori, Māori women are almost twice as likely to be diagnosed with cervical cancer and three times more likely to die as a result[3]. Furthermore, Māori are likely to be diagnosed with more advanced disease.

Due to factors including institutional racism, persistent socio-economic disadvantage, and a lack of cultural safety within healthcare structures and practices, cervical screening has failed for many Māori women[4] [5] [6]. To begin to rectify this, we need to ensure that Māori can easily and comfortably participate in both screening and vaccination programmes. In the case that significant screening results are found, care that addresses these results must embody a kaupapa Māori approach.

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[1] MacDonald E J, Geller S, Sibanda N, Stevenson K, Denmead L, et al. Reaching under-screened/never-screened indigenous peoples with human papilloma virus self-testing: A community-based cluster randomised controlled trial. Aust N Z J Obstet Gynaecol [Internet]. 2021; 61: 135-141. Accessed 2 June 2021. Available from: https://pubmed.ncbi.nlm.nih.gov/33350455/.

[2] Ministry of Health. National Cervical Screening Programme Coverage Report [Internet]. Wellington: Ministry of Health; 2021. Accessed 2 June 2021. Available from: https://minhealthnz.shinyapps.io/nsu-ncsp-coverage/.

[3] McLeod M, Harris R, Purdie G, Cormack D, Robson B, et al. Improving survival disparities in cervical cancer between Māori and non-Māori women in New Zealand: a national retrospective cohort study. Aust N Z J Public Health [Internet]. 2010; 34(2): 193-199. Accessed 2 June 2021. Available from: https://www.otago.ac.nz/wellington/otago027540.pdf.

[4] Harris R B, Stanley J, Cormack D M. Racism and health in New Zealand: Prevalence over time and associations between recent experience of racism and health and wellbeing measures using national survey data. PLoS One [Internet]. 2018; 13(5). Accessed 2 June 2021. Available from: https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0196476.

[5] Allen + Clarke. Cervical screening communications for young Māori, Pacific and Asian women Key findings and implications [Internet]. Wellington: Allen + Clarke; 2019. Accessed 2 June 2021. Available from: https://www.nsu.govt.nz/system/files/resources/cervical_screening_communication_research_key_findings.pdf.

[6] Lourie R. Māori women and cervical screening: A Kaupapa Māori literature review [Internet]. Auckland: Health Research Council of New Zealand. Accessed 2 June 2021. Available from: https://tewhariki.org.nz/assets/Maori-women-and-cervical-screening-A-Kaupapa-Maori-Literature-Review.pdf.

Mana motuhake must be a foundational value in empowering wāhine Māori to access health services. Self-testing will help to achieve this by reinforcing autonomy and retaining another aspect of the screening process within the self[6]. Despite this, we must be cognisant that self-screening does not become a crutch. Health care practice and delivery must change to embody culturally safe care. Leading Māori down the path of self-screening does not change this. In practice, we must ensure widespread understanding of a mana wāhine world view, the continued engagement of whānau and whakawhanaungatanga in care, and the proper implementation of Te reo Māori me ōna tikanga throughout Aotearoa NZ[6]. Only through transformational changes to the underlying principles of our health system can we achieve health equity, both in cervical screening, and in the wider context.

Ensuring Wider Access to Screening for All People with Cervixes

Non-Māori minority populations in Aotearoa NZ should also be considered for priority access services, in the development of self-testing capability. Asian populations access cervical screening at the lowest rate of all populations measured in Aotearoa NZ, with Pacific populations screened at a rate slightly higher than Māori[2].

In the case of migrant populations, no statistics are available to indicate screening rates. Despite this, there is evidence that new migrants to Aotearoa NZ struggle to understand our health system, with one in four reporting that they require assistance to access care. Many migrants either do not realise that cervical screening is necessary, or do not have access to the information they need on where screening is undertaken, likely leading to low levels of screening[7].

Targeting information, and specific services towards these populations, with the aim of proliferating the use of self-testing, could be beneficial for health outcomes, and address inequities in populations frequently marginalised or homogenised into the ‘mainstream’. This is consistent with principles contained in the consultation document, targeting improved equity in screening coverage, and equity of outcome.

Addressing Cost Barriers

To gain greatest benefit from the universal implementation of self-testing options, measures must be considered to address cost barriers. Transportation to consultations, and the cost of consultations themselves, have been acknowledged as a key issue preventing priority groups from accessing cervical screening[8]. Even in the case that screening itself is free, it is common to be charged a consultation fee, or to face unpaid debts from previous interactions with general practice. These costs can compound, as if screening results in abnormal findings, further consultations can be required, along with further charges to whānau. In some cases, free access to screening itself has even been threatened, with recent articles detailing reductions in access for priority populations[9].

[7] Gao W, Paterson J, DeSouza R, Lu T. Demographic predictors of cervical cancer screening in Chinese women in New Zealand. N Z Med J [Internet]. 2008; 121(1277): 8-17. Accessed 2 June 2021. Available from: https://pubmed.ncbi.nlm.nih.gov/18677326/.

[8] New Zealand Government. Report of the Parliamentary Review Committee Regarding the National Cervical Screening Programme [Internet]. Wellington: New Zealand Government; 2019. Accessed 2 June 2021. Available from: https://www.nsu.govt.nz/system/files/page/prc_final_report_2019.pdf.

[9] Broughton C. Cost barriers for smear tests and birth control 'disgusting for women's health' [Internet]. Wellington: Stuff; 2021. Accessed 2 June 2021. Available from: https://www.stuff.co.nz/national/health/124575012/cost-barriers-for-smear-tests-and-birth-control-disgusting-for-womens-health.

Nationwide approaches to reducing cost barriers are key to improving screening rates and health outcomes. As such, they need to be considered alongside changes to implement self-testing.

Systematic Preparation for Self-Testing

The RACP recommends that systems are prepared for a high volume of samples collected via the self-testing method, if self-testing is universally implemented as a part of HPV primary screening. As indicated in the consultation document, tests performed on samples obtained by self-testing are of similar sensitivity to those performed on samples obtained by clinicians[10]. This means that practically, there is little incentive to opt for a clinician-obtained sample, and self-testing may quickly become the norm. In and of itself, this is not an issue, however the healthcare system must be prepared to cope with such a change in test sourcing, and the processing requirements inherent in this.

Conclusion

The RACP thanks the Ministry of Health for the opportunity to provide feedback on this consultation. To discuss this submission further, please contact the Aotearoa NZ Policy and Advocacy Unit at policy@racp.org.nz.

Nā māua noa, nā

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[10] Ministry of Health. National Cervical Screening Programme: HPV Primary Screening Clinical Pathway to Introduce Self-Testing Public Consultation [Internet]. Wellington: Ministry of Health; 2021. Accessed 2 June 2021. Available from: https://www.nsu.govt.nz/system/files/page/national-cervical-screening-programm-hpv-primary-screening-clinical-pathway-introduce-self-testing-public-consultation-final-jr.pdf.