

21 October 2021

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Re: OIA request – Cervical and breast screening

I refer to your Official Information Act request dated 24 September requesting the following information from Waitematā and Auckland DHBs:

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

Here are my questions:

1. Can you clarify the date 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, has there been any noticeable rise in the number of women presenting to emergency departments with cervical cancer?
5. Are DHBs concerned women could delay 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?

The following response is provided on behalf of both Auckland and Waitematā DHBs, which share services across our Planning, Funding and Outcomes divisions.

In response to your request, we can provide the following information:

1. Can you clarify the date for 2020/21 Q4?

For breast screening, the date/data for Q4 2020/21 is the percentage of women aged 50-69 years having a breast cancer screen in the last two years, as at June 2021.

For cervical screening, the date/data for Q4 2020/21 is the percentage of women aged 25-69 years having a cervical cancer screen in the last three years, as at June 2021.

2. I can't seem to find the numbers for Q4 previous year to compare - what were they at each DHB?

This data is available from the Ministry of Health Shiny app:

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

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?

The data available via the links above is the most up-to-date data with the comparable national results. Please note that this data is continuously updated. While the figures reported for Q4 2020/21 (June 2021) were accurate at the time they were reported to the Ministry of Health, it is possible these figures will now be different for the same time period.

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

We do not hold this data as patients do not present to an emergency department with a confirmed diagnosis of cervical cancer. Presenting symptoms can be both vague and potentially unrelated and are not coded in our data.

We are unable to provide the information requested as it would require the review of individual clinical records of patients.

Due to the sensitivity of this information, frontline clinical staff would need to review individual clinical files over the course of four years and it would not be appropriate to use a contractor to review the records. This would take the frontline staff away from their clinical work and prejudice our ability to provide core clinical services.

We have considered whether charging or extending the timeframe for responding to this aspect of your request would assist us in managing this work and have concluded it would not. We have, therefore, determined to refuse this element of your request under Section 18(f) of the Official Information Act due to substantial collation and research.

You have the right to seek an investigation and review of this decision by the Ombudsman. Information about how to seek a review is available at www.ombudsman.parliament.nz or Freephone 0800 802 602.

However, Te Aho o Te Kahu Cancer Control Agency has undertaken a report on COVID-19 impacts and also has a range of data available: <https://teaho.govt.nz/reports>. Their state-of-cancer report last year included discussion of emergency department presentations in the pathways to diagnosis, which is available at: <https://teaho.govt.nz/reports/cancer-state>

There is always a time delay for cancer data to be reported. The latest available data can be found at: <https://teaho.govt.nz/reports/data/sets> however, as it is only to 2018, COVID-19 impacts are yet to be seen. For cervical cancer in particular, it takes approximately 3-10 years for cancers to develop, so it is not likely we would see any impacts in the data at this point.

5. Are DHBs concerned women could delay 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?

The Ministry of Health announced the timeframe for the roll-out of the new HPV primary screening programme as 2023 and they are developing public and health professional communications as part of their roll-out programme. All local communications have focused on the importance of not waiting to get screened. As a follow-on from our previous joint Waitematā DHB and Auckland DHB HPV self-testing research, we are conducting an implementation science research project on self-testing in a large metro Auckland primary health organisation. Participants in this study will have access to self-testing and the research will inform the Ministry of Health about key elements of the future roll-out.

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

DHBs continue to work closely with primary care to prioritise priority group women for recall for screening, including those who are very overdue. These groups are the focus of the HPV self-testing implementation science study, as above. In addition, there is also a project focusing on overdue women with a history of a high-grade abnormality and there is a project looking at the impact of voucher incentives, alert levels permitting.

Auckland and Waitematā DHBs support the open disclosure of information to assist community understanding of how we are delivering publicly funded healthcare. This includes the proactive publication of anonymised Official Information Act responses on our websites from 10 working days after they have been released.

If you consider there are good reasons why this response should not be made publicly available, we will be happy to consider your views.

Yours Sincerely



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