

HPV Primary Screening project

Development of the new NCSP Register



National
Cervical
Screening
Programme

NCPTS National Training Day

August 2022

[New Zealand Government](#)

The National Cervical Screening Programme (NCSP) is changing the way cervical screening is undertaken in New Zealand. From July 2023 the primary test for cervical screening will change to a human papillomavirus (HPV) test.

Changing the future of cervical screening

- From **July 2023** the **primary test** for cervical screening will change to a **human papillomavirus (HPV) test**.
- This **new screening method** will test for the **presence** of HPV, the cause for 99% of cervical cancers.
- **Self-testing with clinical oversight** will be an option for all wāhine/whānau
- The **screening interval** following a negative test will change to **5 years**

Guiding principles

- Deliver a **best practice** National Cervical Screening Programme
- **Improve equitable access** to screening for all population groups
- Be **acceptable** to people, Wāhine and Whānau
- Maintain and improve **safety** and **quality** of screening
- Maintain a **skilled** and **competent workforce** to deliver the programme
- Maintain and improve the **NCSP Register's capability** to support the programme

Screening seeks to detect abnormalities in apparently healthy individuals so that serious illness or disease can be prevented.

Critical drivers for change

Our aim is to **detect changes** to cervical cells while they can be treated and **before** they cause **cancer**.

- **Improved health outcomes**
- **Reduced inequalities in access and outcome**
- **Improved programme performance**
- **Improved patient experience**
- **Reduced cost and burden to the health system**

HPV Screening options: Self-test

- HPV **self-taken** sample
- Lower vaginal swab
- Requires **informed consent** process with **clinical oversight**
- If HPV detected – a **clinician taken sample** is required



Can be done in a range of places with clinical oversight
Follow up visit may be required if HPV detected

HPV Screening options: Clinician

- HPV **swab**, taken by clinician
- Speculum sample from **cervix** can be requested
- **If HPV detected** - reflex cytology test determines cell changes



Experience for participant and clinician doesn't change
Clinical management and follow up pathway will change

New clinical management pathway

Self taken sample

- **HPV not detected** - 5 year screening interval
- **HPV 16/18 detected**
Option of direct referral to colposcopy without cytology triage
- **HPV other type detected**
Cytology triage reqd
HSIL - colposcopy
LSIL - repeat in 12 months

Clinician taken sample

- **HPV not detected** - 5 year screening interval
- **HPV any type detected**
Reflex cytology shows:
HSIL - colposcopy
LSIL - repeat in 12 months



The clinical management pathway will change to reflect HPV Primary Screening. It will be determined by cytology triage.

Empowering wāhine with choice

Self-testing is not the only option available from July 2023, **participants, wāhine and whānau have choices.**

- ✓ Choose to **self-test**, in a **location** of their choice
- ✓ Opt for a **clinician** to take the HPV test swab
- ✓ Choose for the clinician to take a **combined HPV and cytology** test

To enable HPV Primary Screening, a new NCSP Register will be implemented. The new Register will be a population based register sourced from NHI with opt-off option.

The new NCSP Register

- New **technology platform**
- **Population based** sourced from NHI
- Improved **functionality**
- **Centralised notification and recall**
- Enhanced **monitoring and reporting**
- Increased capacity for **user access**

Centralised notification from the Register

- **Centralised notification** direct to all eligible participants
- Participants **notified they are due for screening** - letter, text or email
- They will be directed to **available providers** in their local area
- Reporting to **Primary Care** and **sample-takers** will advise who has been notified
- An **opt-off** option will be available to participants

Driving for equity

- The new Register creates a **data warehouse** for the NCSP to analyse trends and statistics
- Will provide **critical insights** into screening
- Shows us where **more facilities or resource** is needed
- Allows us to **shape more focused campaigns** to increase screening participation
- Capability to **future proof** for new enhancements and requirements
 - other screening details, immunisation

Building the new NSCP Register

- The technology build **kicked off** in July 2022
- Working in **partnership** with Deloitte
- Sector **requirements** are informing the design
- **Technology development** over the next 8 months
- **Testing** approach
- **Data migration** strategy
- Cutover to **Go Live**

Laboratory interaction with the Register

- Improved access and authentication - through **web browser, username** and **password**
- Lab users will have access to the **person records** including all tests submitted, letters sent, notes and any contacts made with the person
- Other functionality will include various **reports and dashboards** which use **real-time data**
- **HL7 Client will still be required** to send test results to the new Register - we anticipate existing processes to remain the same
- When test results are sent to the new Register, the Register will provide **acknowledgement or error messages** back to the labs

Laboratory performance monitoring

The way **laboratory performance** is monitored will be reviewed as there is some duplication currently.

- ✓ **Contract reporting information** that can be obtained from the new Register will not need to be requested from Labs
- ✓ **Monitoring information** obtained from the NCSP Register will be sent to laboratories using the NCSP Laboratory 6-monthly Report
- ✓ Laboratory **Key Performance Indicators** will be reviewed

Updating the laboratory request form

- New **electronic** request form
- The request form will be used for **HPV testing, cytology** and **histology**
- **Auto-populated** form based on NHI
- Will flow directly into the **laboratory LIS** and though into **reports**
- Implementation is **likely to be staggered** based on IT capability
- We are **aiming** to release this in 2023

Implications for laboratories

- Expected **increase in sample numbers**
- New ways of **handling large numbers of swab samples** will be needed
- A **comprehensive education programme** is needed for providing correct recommendations on next steps for participants with abnormal results
- Understand and adopt **technology and reporting changes** with the new Register
- **Transition requirements** will be agreed and placed into contractual arrangements
- **Transition support** will be in place for each laboratory in the lead up to, and post, the changes

The Laboratory Working Group will provide expert advice, guidance and advocacy to ensure the successful transition from cytology screening to HPV primary screening.

This includes changes to laboratory practice, laboratory technology, technical interfaces, coding, NSCP Policies and Standards (Section 5) and education and training needs for laboratories.

Questions

Staying in touch

- We are committed to keeping you **updated** as the project progresses. We will be in touch with you regularly, and there will be opportunities for you to be part of helping to implement these changes. **We want this to work for you, and for all wāhine and whānau.**



HPVscreen@health.govt.nz

You are important to us. Please get in touch if you have any **questions** or **feedback**.



[Cervical screening | Time to Screen - National Screening Unit](#)

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