

29th October 2021

s9(2)(a)

Dear s9(2)(a)

Official Information Act Request for – Cancer Treatment & Cervical Smears

I write in response to your Official Information Act request received by us 14th September 2021, you requested the following information:

- **Any reports, ministerial briefings, internal or external emails or work looking at the effect of last year's Covid-19 lockdown disruption on cervical cancer treatments and screenings/smears.**
- **Any data, reports, ministerial briefings, internal or external emails estimating or discussing the number of cervical cancer smears that have been or are expected to be missed due to the August 2021 lockdown. Given the disruption to cervical screening during last year's lockdowns (50,000 fewer women screened nationwide for cervical cancer at end of May 2020), I would expect reporting on the downstream effects of this would've been done and this OIA is designed to capture that work.**

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.

We have been advised by the Ministry of Health (MoH) that it has received a similar request and will be responding with any information they hold in due course.

The vast majority of cervical smears are carried out in primary care not within the DHB. CM Health has some small contracts aimed at increasing cervical screening participation in priority women and a Screening Support Service. We have supplied the following:

- Appendix 1 reflects cervical screening reports that we have provided to the MoH for the above contracts.
- Appendix 2 is an excerpt of a presentation on Screening to the Cancer Steering Group – the remainder of the presentation is out of scope of this request.
- Appendix 3 is an impact of Covid-19 Cancer Screening Services presented to the Cancer Steering Group. The remainder of this report is out of scope of this request.
- Appendix 4 is excerpts of our quarterly status update reports to the Ministry of Health, including Q4 19/20, Qs 3-4 20/21 and Q1 21/22). These are the only reports that contain commentary around cervical screening and the remainder of the report is out of scope of this request.

In addition to this, 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 including Cervical Screening available at the following link:

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

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 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

NCSP Reporting Template

Post-COVID Recovery Reporting

Due 31 July 2020

NCSP Services

DHB	Counties Manukau
Reporting Period	January to June 2020
<p>Post-COVID recovery plan</p> <ol style="list-style-type: none"> 1. Provide an outline of key impacts of COVID-19 that were experienced from March to June 2020. 2. Identify your plans to work collaboratively with primary care and colposcopy services to manage these impacts and return to pre-COVID levels, with a particular focus on improving access to screening/colposcopy for priority group women. <p>[Note we are separately requesting data from colposcopy units on their waiting times, and post-COVID recovery actions, so you do not need to get involved with this aspect of their work].</p>	
Impact	Actions
General Practice not having face to face appointments, therefore no cervical smears.	Working more closely with PHO's and GP's to provide assistance with calling and or screening the High Priority women. CMDHB providing extra budget to PHO's for High Priority screens.
Due to DHB staff being redeployed during covid-19, there were limited bookings made. Also the unknown around certainty on re-commencement of screening.	Bulk SMS to be sent to High Priority women advising of free cervical screening in their area. Increase in outreach cervical clinics through Support to screening Services.
Women afraid to leave home	Staff who are calling women, have empathy and ability to listen, This has given reassurance and confidence to enable appointments to be made.
Women felt that it wasn't safe to be in a clinical environment	As above; explain our cervical screening process and book extra time for appointments. This allows for more one on one time between nurse and patient.
Increase in number of colposcopy patient follow ups.	Working with Support to Screening Services re prioritising to stay on top of colposcopy referrals. Scheduling home visits with transports in the area.

Action Plan – 20/21

ATTACH your DHB Action Plan for 20/21.

This is a focused plan of improvement activities you plan to undertake in 20/21, and should not include BAU activities unless it is over and above this.

This should summarise the activities you identified in the post-COVID-19 recovery plan.

Activities should be SMART – specific, measurable, achievable, realistic, and have a timeframe.

Exception reporting – document any key activities below

NCSP Register

N/A

Cervical screening in priority group women.

CMDHB coverage dropped from 59.7% to 56.3% for Maori and 69.1% to 64.6% for Pacific over the last 12 months. With Covid-19 GP's dropped face to face clinics and therefore screening stopped.

Due to Covid-19, cervical screening by CMH staff of high priority women, reduced from 722 to 399 over the six month period to June 30th as compared to last year.

47 community based clinics held with four being held in Maraes.

Cervical Screening Updates – outline your plans

Working on Terms of Reference for Regional Cervical Screening Operations Group. Looking at regional updates.

Financial Report

Provide your financial report as per the template in your contract (another format can be used, as long as the required information is provided).

NCSP Reporting Template

Note:

January – June reports are due on 31 July each year.

July – December reports are due on 31 January each year

NCSP Coordination Services

DHB	Counties Manukau
Reporting Period	January – July 2021
<ul style="list-style-type: none"> • In the last six months, what have you done to lead sector engagement and communication on cervical screening? Describe activities and the outcomes of these activities with the following groups: • Primary Health Care Provider <ul style="list-style-type: none"> ○ Worked with GP Practices who have high numbers of enrolled High Priority group women, to provide invitation and recall services for their un-screened and under screened women. Including supporting the women along the screening pathway. ○ We are continuing to work with the GP Practices / PHO's with large numbers of High Priority women in the high grade cytology project. Due to restrictions on reporting we are unable to quantify who has been contacted. ○ Supported one new smear taker by supervising and providing over the phone support to clarify their queries and give encouragement as required. • Colposcopy service providers <ul style="list-style-type: none"> ○ Primary Care Cervical Screening Self-test Study – funded by Counties Manukau, Auckland and Waitemata DHB's and Tamaki Health PHO. The study population is women 30-69 years enrolled at Total Healthcare PHO (large Primary Health Organisation across metro Auckland) who are due or overdue for cervical screening or who have never been screened. Women who meet eligibility criteria will be invited to participate when they attend a participating GP clinic for any reason. The implementation of a nurse micro-credentialing process for clinic staff who offer the HPV test to women will be tested (clinic nurses will consent women into the study), together with trial of a new model of follow-up by a specialist nurse-led hub • NCSP Screening Support Services Providers – combined service • Human papillomavirus (HPV) immunisation providers <ul style="list-style-type: none"> ○ Making sure practices have resources to provide information about eligibility and cost of immunisation. ○ refer under 27year olds to HPV outreach nurses when woman is not registered at a GP • 	

Provide a summary of progress against activities and projects outlined in your Annual Regional Action Plan.	
Increased focus on Cervical Screening at PHO and GP level.	Worked with all five PHO's to determine which GP Practices required assistance. As a result worked with 32 Practices to provide assistance as determined including calling women and providing cervical screening nurse.
Cervical Screening in the community for ease of access to service.	All our cervical screening clinics are community based, excepting when we are providing a nurse to assist with screening in a GP Practice. In total we held 88 clinics in six months to 30/06/2021, including five marae based, and 18 evening or weekend clinics.
Increase awareness of cervical screening for Maaori, Pacific and Asian communities..	Continuing to hold Mana Wahine Clinics alongside BreastScreen, and our successful Asian clinics in Botany. We have held Health Education sessions in workplaces with high Pasifika workforce, such as Griffins and The Warehouse, and attended five community events. We gain more new registrations at work place promotions than at community events. We find the general attendance at community events is people who go to have fun and get freebies. Majority of women who register at these events are already enrolled in the programmes. Have updated our collateral and had a community targeted promotion. Posters were located in the toilets of Counties Manukau public gyms and movie theatres, the glass bus shelters and in carparks.
Keep PHO's and Practice Nurses up to date with guidelines and changes in the programme. Ongoing Coordination and support for Metro-Auckland Cervical Operations Group.	All information received from NSU is disseminated to PHO's and Maaori Health providers. Well attended nurses update session held, very positive feedback received. Metro Auckland Operations Group meetings are now quarterly and held via zoom.

Achieving 80% coverage for cervical screening

Outline

- your coverage at the start of the reporting period for each ethnic group and overall
- your performance improvement target for the year, and progress against this in December and June

Year	Base line coverage (to be identified at the beginning of the financial year)	Coverage target for the financial year	Coverage achieved December (As at end of December – Shiny apps)	Coverage achieved June (As at end of June– Shiny apps)
2020				
Māori	56.3%	60%	55.20%	54.7%
Pacific	64.6%	69.1%	64.00%%	62.8%
Asian	60.9%	64.1%	61.9%	62.2%
Other	73.3%	75%	73.8%	74.9%
TOTAL	65.1%	68.3%	65.4%	65.5%

If 80% coverage has not been met, what are you planning to do to increase coverage rates in particular for Priority Group Women in the next six months?

It is becoming increasing difficult to contact our Priority Group Women. First we had Covid-19 and now we have the media talking about HPV self-testing. This is giving another reason for our wahine not to engage and have a cervical screening test. Increasing numbers are saying they will wait for self-testing.

We need to push the message that we should keep screening both through the community and PHO's and GP's.

Provide information on Cervical Screening Updates held in the last six months. If you haven't scheduled an update in this reporting period, outline when one is planned.

Cervical Screening Education evening held in Mangere on 15th June. With 30 in attendance we covered HPV self-sampling, update and review of Cervical Screening Guidelines, Screening Support Services and updates on Cancer Screening Services and the LARC Clinic.

Do you have any other comments to make?

PHO cervical screening coverage hasn't increased due to a shortage of nurses in the region. This has been caused by many leaving to become vaccinators or work in MIQ for better wages.

We put a lot of effort into getting Maaori, Pacific and Asian wahine to take part in the cervical screening programme. When it comes time for the next screening episode, under the definition they are no longer PGW as they have had their cervical smear in the last three years. Due to inequities we won't turn them away; however they don't count towards our targets.

CMDHB have more people than the national average in the deprived group of quintile 5 and many families have been hit with loss of income. "

Cervical screening in priority group women

DHB	Counties Manukau
Reporting Period	January – June 2021
Provide an update on how the free smear funding is being utilised in your Region.	
Provide confirmation that reviews / audits have been undertaken to ensure that the eligibility criteria for the funding has been met.	

Financial Report

NCSP Reporting Template

Note:

January – June reports are due on 31 July each year.

July – December reports are due on 31 January each year

NCSP Coordination Services

DHB	Counties Manukau
Reporting Period	July – December 2020
<ul style="list-style-type: none"> • In the last six months, what have you done to lead sector engagement and communication on cervical screening? Describe activities and the outcomes of these activities with the following groups: • Primary Health Care Provider <ul style="list-style-type: none"> ○ Worked with PHO's to identify practices with lowest cervical screening coverage. Supported these practices by recalling and screening women ○ Supported five practices by screening women with no female smear taker – resulted in 82 women being screened ○ Supported practice nurses by training them in how to use the NSU overdue list- ○ Supported three new smear takers by supervising and providing over the phone support to clarify their queries and give encouragement as required. ○ Encouraging practices to refer hard to reach priority women to Screening Support Services • Colposcopy service providers <ul style="list-style-type: none"> ○ The Screening Support Services Community Health Workers ensure referred women receive ethically appropriate support to meet the patients' needs and reduce the inequities in the health system. We are finding an increased amount of effort is required to locate hard to reach women. ○ There has been a big increase in referral for both finding the women and transporting them to appointments, with 90 referrals being received in the six month period. • NCSP Screening Support Services Providers – combined service • Human papillomavirus (HPV) immunisation providers <ul style="list-style-type: none"> ○ Making sure practices have resources to provide information about eligibility and cost of immunisation. ○ refer under 27year olds to HPV outreach nurses when woman is not registered at a GP 	

Provide a summary of progress against activities and projects outlined in your Annual Regional Action Plan.	
Increased focus on Cervical Screening at PHO and GP level.	<p>Due to covid 19 many practices were still not seeing women face to face; as a result we were having more non-priority group woman referred to CMH.</p> <p>Supported five practices by screening women with no female smear taker</p>
Cervical Screening in the community for ease of access to service.	<p>74 community clinics were held in the six months to 31 December 2020, including 20 evening/weekend clinics. This despite Auckland having a further 42 days of restriction.</p>
Increase awareness of cervical screening for Maaori, Pacific and Asian communities..	<p>Due to covid-19, health promotion/ expos were in the main cancelled. We only attended one Poukai compared to five previously.</p> <p>We will be taking each month as it comes in this space. In the interim we have been providing extra resources, posters, flyers and brochures, to our Maaori Health Providers and Marae based clinics. We held four mana wahine clinics at MSC and four Marae based clinics.</p> <p>12 cervical clinics at Botany SuperClinic with a focus on the Asian community were always full with very few DNA's.</p> <p>Asian posters in-Chinese and Korean were displayed at the library, community centres and health centres to encourage women to have cervical screening.</p> <p>Presented to CMH' Asian health group, and discussed ways to improve coverage.</p> <p>Took part in radio talk show at Planet FM to encourage pacific women to have their cervical smear and encourage 9-26 year olds to have HPV vaccinations.</p>
<p>Keep PHO's and Practice Nurses up to date with guidelines and changes in the programme.</p> <p>Ongoing Coordination and support for Metro-Auckland Cervical Operations Group.</p>	<p>Circulated all updates and newsletter to practice nurse and PHOs</p> <p>DHB still not holding large face to face meetings. Looking to hold a zoom update session in the next few months.</p> <p>Continuing support and attendance at the Metro Auckland Operations Group.</p>

Achieving 80% coverage for cervical screening

Outline

- your coverage at the start of the reporting period for each ethnic group and overall
- your performance improvement target for the year, and progress against this in December and June

Year	Base line coverage (to be identified at the beginning of the financial year)	Coverage target for the financial year	Coverage achieved December (As at end of December – Shiny apps)	Coverage achieved June
2020				
Māori	56.3%	60%	55.70%	
Pacific	64.6%	69.1%	63.60%	
Asian	60.9%	64.1%	61.5%	
Other	73.3%	75%	74.4%	
TOTAL	65.1%	68.3%	65.4%	

If 80% coverage has not been met, what are you planning to do to increase coverage rates in particular for Priority Group Women in the next six months?

○

Provide information on Cervical Screening Updates held in the last six months. If you haven't scheduled an update in this reporting period, outline when one is planned.

DHB still not holding large face to face meetings. Looking to hold a zoom update session in the next few months.

Do you have any other comments to make?

Even with more focused cervical screening for High Priority Group Women, our coverage is declining.

We put a lot of effort into getting Maaori, Pacific and Asian wahine to take part in the cervical screening programme. When it comes time for the next screening episode, under the definition they are no longer PGW as they have had their cervical smear in the last three years. Due to inequities we won't turn them away; however they don't count towards our targets.

CMDHB have more people than the national average in the deprived group of quintile 5 and many families have been hit with loss of income. "

Cervical screening in priority group women

DHB	Counties Manukau
Reporting Period	July – December 2020
<p>Provide an update on how the free smear funding is being utilised in your Region.</p> <p>CM Health funds an extra 1,000 screens for practices at a rate of \$40 per screen (over and above the allocated 4,500 screens from the free smear funding), CM Health also contributes \$14.97 additional to General Practice for the 4500 screenings for women within priority populations so that the total \$40 is covered with no co-payment charged to the patient.</p> <p>The additional screens were split among PHOs by percentage of eligible patients with consideration given for whether or not each PHO had exhausted their allocated volumes in the previous 12 months.</p> <p>One of the largest barriers we face in Counties is cost of screening. At a minimum of \$20 for cervical screening with the GP's, a high number of our women are tending to neglect themselves and will always put whanau first.</p>	
<p>Provide confirmation that reviews / audits have been undertaken to ensure that the eligibility criteria for the funding has been met.</p> <p>PHO's provide NHI information with claims for free smears which are then audited.</p>	

Financial Report

Action Plan Counties Manukau Regional Cervical Screening 2020 - 2021

DHB Activity	How	Measure
<p>Increased focus on Cervical Screening at PHO and GP level.</p>	<p>Provision of smear taker support for PHOs /Practices with high numbers of high priority women. Provide assistance with calling and or screening.</p> <p>Support for PHOs to prioritise women by clinical risk and ethnicity using appropriate systems and processes, including datamatch of patients.</p> <p>Increased auditing of what is currently happening with PHO funding to ascertain the right groups are receiving free smears.</p>	<p>Approach all five PHO's to determine Practices which require assistance. Provide appropriate assistance to 95% of those Practices which are identified.</p> <p>Each PHO increases number and percentage of enrolled high needs women screened by June 2021 in comparison to July 2020.</p> <p>Increase in PHO, High Priority Women being screened.</p>
<p>Cervical Screening in the community for ease of access to service.</p>	<p>Provide community smear-taking clinics in a number of locations, including at local marae and at the Manukau SuperClinic alongside Breast Screening.</p> <p>Manukau and Botany SuperClinics include the provision of evening and weekend clinics to reduce access barriers.</p>	<p>Provide four community based clinics per month, in addition to Botany and Manukau Super Clinics.</p> <p>A minimum of 30 evening/weekend community clinics held by June 2021.</p>
<p>Increase awareness of cervical screening for Maori and Pacific communities.</p>	<p>Work alongside DHB contracted Maori Health Providers to increase awareness of cervical screening and encourage Maori participation in the programme.</p> <p>Inviting wahine to attend Mana Wahine day. Providing an environment where they feel welcomed and safe.</p> <p>Work alongside three PHO's with highest number of enrolled Pacific Patients to increase awareness of cervical screening and encourage participation in</p>	<p>Visible % increase in Maori screening</p> <p>12 Mana Wahine clinics held by June 2021.</p> <p>Visible % increase in Pacific screening</p>

Action Plan Counties Manukau Regional Cervical Screening 2020 - 2021

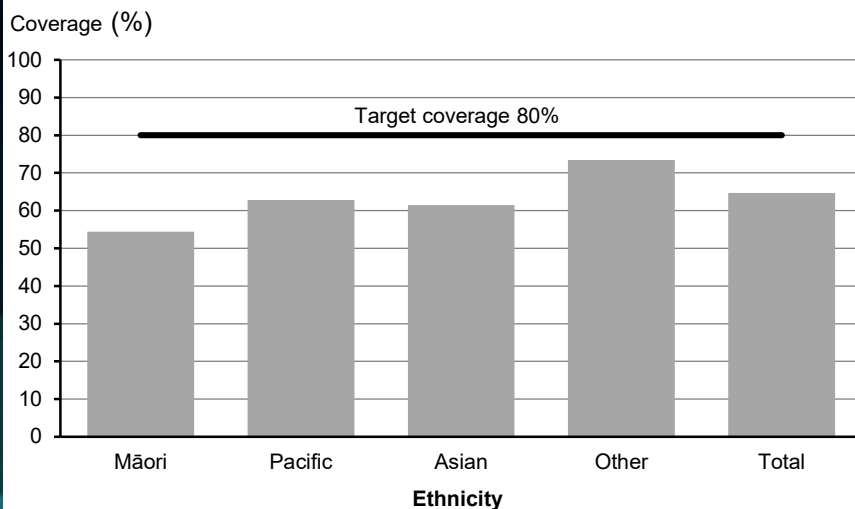
	the programme	
With increase in screening comes an increase in colposcopy follow ups.	Work with Support to Screening Services to prioritise and stay on top of colposcopy referrals. Scheduling home visits with transports in the area.	100% followed up with five working days.

Achieving 80% coverage for cervical screening					
Outline your coverage at the start of the reporting period for each ethnic group and overall					
<ul style="list-style-type: none"> your performance improvement target for the year, and progress against this in December and June 					
Year 2020	Base line coverage (to be identified at the beginning of the financial year)	Coverage target for the financial year	Coverage achieved December	Coverage achieved June	
Māori	56.3%	60%			
Pacific	64.6%	69.1%			
Asian	60.9%	64.1%			
Other	73.3%	75%			
TOTAL	65.1%	68.3%			

Cervical Screening

Coverage 25-69 years to 31 March 21

Additional screens to meet coverage



Ethnicity	3 year coverage	Additional screens
Maaori	54.4%	5,558
Pacific	62.8%	5,143
Asian	61.5%	9,231
Other	73.4%	3,351
Total	64.7%	23,284

Cervical Screening - Strategies

- Support to Screening Service, free smears, community locations incl. Mana wahine days (contract 1,105 smears)
- MoH funding for free smears in primary care “topped up” by DHB – 5,500 free smears for priority women
- Working with primary care – data matching and support
- Media / communications, national and local
- Additional funding from MoH – contract pending

Impact of Covid 19 on Cancer Screening Services

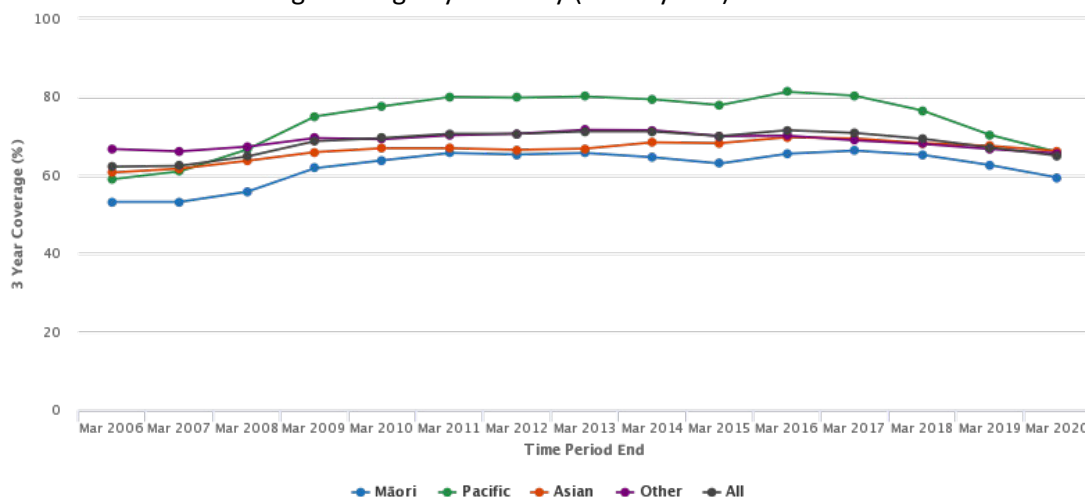
Paper for CMH Cancer Steering Group 6 May 2020

Cancer Screening services in CMH ceased in the week beginning 23 March. This paper provides an overview of the impact on the various cancer screening services and the progress and timeline for the resumption of services.

1. Cervical Screening

- a. Background
 - i. DHB cervical screening carried out by the Screening Support Service for priority women ceased in week of 23 March.
 - ii. MoH advice (to primary care) that routine cervical screening should cease under level 4 and begin again under Level 3
- b. Progress and timeline for service resumption
 - i. The DHB Screening Support Service will commence cervical screening clinics for high priority women from the week beginning 11 May.
- c. Impact
 - i. The Screening Support Service will meet MoH contracted targets for cervical screening volumes, the service always exceeds targets.
 - ii. On-going concern around reducing cervical screening coverage, this was an issue pre COVID and is likely to be further impacted due to reduced primary care screening during level 4.
 - iii. Cervical screening coverage as at March 2020 was Maaori 59.4%, Pacific 65.9%, Asian 66.2%, other 65.6% and total coverage 65%. The coverage target is 80%.

CMDHB cervical screening coverage by ethnicity (25-69 years)



Summary:

Cervical Screening

- Ongoing concern re reducing cervical screening coverage, this was an issue pre COVID and likely to worsen.

Status update Reports – actions included in annual plans

IMPROVING WELLBEING THROUGH PREVENTION

Please use the template below to provide status updates on the progress of delivery of annual plan actions and milestones. Please note that the EOA actions included in these updates will be published on the nationwide service framework library web site following quarter two and quarter four reporting periods. <https://nsfl.health.govt.nz/dhb-planning-package/equity-actions-dhb-annual-plans>.

2019/20 annual plan – status report for priority actions		Improving wellbeing through prevention		
Improving wellbeing through prevention Priority focus areas		Status report for quarter 4		
		<p>Green = action complete</p> <p>Orange = completion of action delayed mitigation in place</p> <p>Red = completion of action delayed mitigation not expected to allow completion in 2019/20</p>		
Key Actions from the Annual Plan	Milestones	Quarter for completion	Status	Comments
<p>1. Please Identify each action from the plan and indicate if EOA.</p> <p>2. Please also identify the system outcome and Government priority outcome supported by each action or group of actions as identified in the annual plan:</p> <ul style="list-style-type: none"> • LLGH - we live longer in good health • IQOL- we have improved quality of life • HEMO - we have equity for Maori and other groups • HSCC- support healthier, safer and more connected communities • BPWC – make New Zealand the best place in the world to be a child • ELCV- ensure everyone who is able is earning, learning, caring or volunteering. 	<p>Identify the milestones agreed for each quarter.</p>		<p>Use star to identify one action from all the improving mental wellbeing actions to be included on performance dashboard as the quarter highlight *</p>	
<p>Cervical Screening (All actions HSCC)</p> <p>Action 1. With a specific focus on wahine Maori, the actions to be implemented are:</p> <ul style="list-style-type: none"> • Support for PHOs to prioritise women by clinical risk and ethnicity using appropriate systems and processes • Provision of smear-taker support for PHOs with high numbers of wahine Maori • Holding Mana Wahine days • Provide community smear-taking clinics in a number of locations, including at local marae and at the Manukau SuperClinic. At the Manukau SuperClinic this includes the provision of evening and weekend clinics to reduce access barriers. 	<p>1a. Each PHO increases number and percentage of enrolled high needs women screened by June 2020 in comparison to July 2019.</p>	<p>Q4</p>		<p>Due to General Practices withdrawing all cervical screening during lockdown, CMDHB Region three year cervical coverage has dropped 3.2% in the last quarter.</p> <p>Six practices were supported by recalling and screening High Priority Group women with emphasis on Maaori Wahine with history of high grade changes.</p> <p>Another four practices with no female smear taker were supported by CMH with recalling and screening.</p> <p>The service supported one practice by updating NCSR with missing hysterectomy history</p>
	<p>1b. 12 Mana Wahine clinics held by June 2020.</p>	<p>Q4</p>		<p>Due to Covid-19, there were no Mana Wahine clinics held in Q4, however there were eleven Mana wahine Days held in the 19/20 year.</p> <p>In collaboration with Te Manu Aute Whare Oranga two Marae based cervical screening clinics were held.</p>

• Provision of a Support to Screening Service to support wahine along the whole screening pathway				
	1c. 12 evening/weekend community clinics held by June 2020.	Q4		Two evening and three weekend clinics were organised at Botany and Manukau Super Clinic

2020/21 annual plan – status report							
Improving wellbeing through prevention Priority focus areas							
Key Actions from the Annual Plan 1. Please Identify each action from the plan and indicate if EOA.			Milestones and status update Identify the milestones agreed for each quarter and provide status update for current quarter: Green = action complete Orange = completion of action delayed mitigation in place Red = completion of action delayed mitigation not expected to allow completion in 2020/21 Status Use star to identify one action from all the improving wellbeing through prevention actions to be included on performance dashboard as the quarter highlight				
			Milestone	Q1	Q2	Q3	Q4
<i>EXAMPLE</i>					Include Q2 activity related to action		
1. Improved reporting template	1a. Reporting template developed	Q1	Delay due to staff capacity	Reporting template developed and in use			
Cervical Screening							
<p>1. With a specific focus on priority populations, the actions to be implemented by the DHB Screening Support Service and Cervical Screening co-ordinator are (EOA):</p> <ul style="list-style-type: none"> Support for PHOs to prioritise women by clinical risk and ethnicity who have a history of high grade cytology and a year or more overdue for follow up. Provision of smear taker support for PHOs with high numbers of priority women 	1a. 75% of High Priority Women in the high grade cytology project contacted	Q4			Project continues, report due Q4.		
	1b. Each PHO increases number and percentage of enrolled high needs women screened by June 2021 in comparison to July 2020.	Q4			Work with PHOs continues		
	1c. 12 Mana Wahine clinics held by June 2021.	Q4			Mana Wahine days continue to be run, 7 held to March 2021, some needed to be cancelled due		

<ul style="list-style-type: none"> Continue with monthly Mauri Ora Mana Wahine days; 					to Auckland being in COVID level 3.	
<ul style="list-style-type: none"> Provide community smear-taking clinics in a number of locations, including at local marae and at the Manukau SuperClinic. At the Manukau SuperClinic this includes the provision of evening and weekend clinics to reduce access barriers. 	<p>1d. 12 evening/weekend community clinics held by June 2020.</p>	<p>Q4</p>			<p>Cervical screening Community and evening clinics continue to be held, 74 community clinics, including 20 evening and weekend clinics held to Dec 2020.</p>	

2020/21 annual plan – status report						
Improving wellbeing through prevention Priority focus areas						
Key Actions from the Annual Plan 1. Please Identify each action from the plan and indicate if EOA.		Milestones and status update Identify the milestones agreed for each quarter and provide status update for current quarter: Green = action complete Orange = completion of action delayed mitigation in place Red = completion of action delayed mitigation not expected to allow completion in 2020/21 Status Use star to identify one action from all the improving wellbeing through prevention actions to be included on performance dashboard as the quarter highlight				
		Milestone	Q1	Q2	Q3	Q4
<i>EXAMPLE</i>				Include Q2 activity related to action		
1. Improved reporting template	1a. Reporting template developed	Q1	Delay due to staff capacity	Reporting template developed and in use		
Cervical Screening						
1. With a specific focus on priority populations, the actions to be implemented by the DHB Screening Support Service and Cervical Screening co-ordinator are (EOA): <ul style="list-style-type: none"> Support for PHOs to prioritise women by clinical risk and ethnicity who have a history of high grade cytology and a year or more overdue for follow up. Provision of smear taker support for PHOs with high numbers of priority women Continue with monthly Mauri Ora Mana Wahine days; 	1a. 75% of High Priority Women in the high grade cytology project contacted	Q4			Project continues, report due Q4.	This is on-going work which has evolved into a normal process. We are continuing to work with the GP Practices / PHO's however due to restrictions on reporting we are unable to quantify who has been contacted.
		1b. Each PHO increases number and percentage of enrolled high needs women screened by June 2021 in comparison to July 2020.	Q4			Work with PHOs continues

<ul style="list-style-type: none"> Provide community smear-taking clinics in a number of locations, including at local marae and at the Manukau SuperClinic. At the Manukau SuperClinic this includes the provision of evening and weekend clinics to reduce access barriers. 						
	<p>1c. 12 Mana Wahine clinics held by June 2021.</p>	Q4			<p>Mana Wahine days continue to be run, 7 held to March 2021, some needed to be cancelled due to Auckland being in COVID level 3.</p>	<p>Due to Covid-19 only ten Mana Wahine Days were held in the 12 months to 30 June 2021, as a result 139 high priority Maaori wahine were screened for cervical screening</p>
	<p>1d. 12 evening/weekend community clinics held by June 2020.</p>	Q4			<p>Cervical screening Community and evening clinics continue to be held, 74 community clinics, including 20 evening and weekend clinics held to Dec 2020.</p>	<p>Cervical screening Community and evening clinics continue to be held, 136 community clinics, including 34 evening/weekend and seven Marae clinics held in the year end 30 June 2021.</p>

2021/22 Annual Plan – status report

Improving wellbeing through prevention

Cervical Screening					
Activity	Milestone	Q1	Q2	Q3	Q4
1. Improve coverage for Maaori and Pacific women by working more closely with PHOs and GPs to provide assistance with calling and/or screening high priority group women.	Q4	Work continues in this area but level of activity dependent on Covid.			
2. Increase of community smear-taking clinics in locations with high Maaori, Pacific and Asian populations. This includes an increase in Mana Waahine Days, and extra weekend and evening clinics to make service more assessable Ethnic community health workers engaging with relevant groups to increase awareness	Q4	Additional clinics being planned as we move out of Covid level 4. September Mana Waahine clinic cancelled due to Covid.			
3. Improve equitable access to diagnostic and treatment colposcopies for priority group women by working with the CM Health Screening Support Services to support follow up of priority women.	Q4	The Screening Support Service continues to provide support to colposcopy clinic for priority women.			