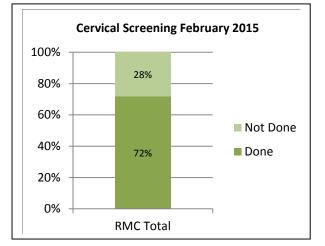
RMC Cervical Screening – February 2015

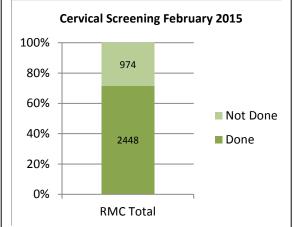
The following graphs and tables show cervical screening status of women aged between 25 and 69 who are registered at Ranolf Medical Centre. They show if these women have had a cervical smear in the last three year period (up to February 2015) or not. Women who are exempt from screening are not included in the figures.

These identify:

- 1. Total numbers of women screened at RMC.
- 2. Comparison between RMC, Lakes DHB area and National coverage.
- 3. Current screening rates of women identified as High Needs
- 4. Current screening rates by ethnicity.
- 5. Current Screening Rates by Quintile.
- 6. Progress towards equity of outcome.
- 7. Current screening rates by provider.
- 8. Conclusions and plans for 2015.
- 1. Total numbers of women screened at RMC

These are the total numbers of women aged between 25 and 69, registered with the practice in Feb 2015 who have had a cervical smear entry in the past three years. Women who are exempt for whatever reason are not included in these totals. The two graphs show percentages and absolute numbers.

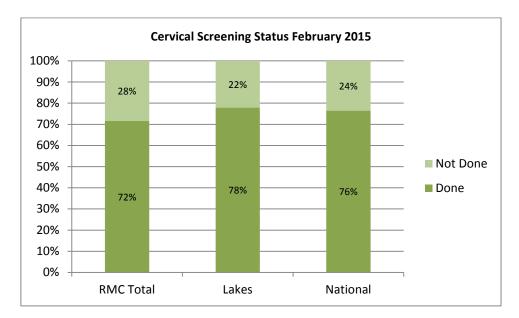




Smear Done	Not Done	Total registered women
2,448 (72%)	974 (28%)	3,422

2. Comparison between RMC, Lakes DHB area and National coverage.

The following graph shows comparisons between Ranolf Medical Centre, the wider Lakes DHB population and the National screening rates.



	Done	Not Done	Total
RMC	2,448 (72%)	974 (28%)	3,422
Lakes DHB	20,348 (78%)	5,765 (22%)	26,113
National	889,068 (76%)	273,471 (24%)	1,162,539

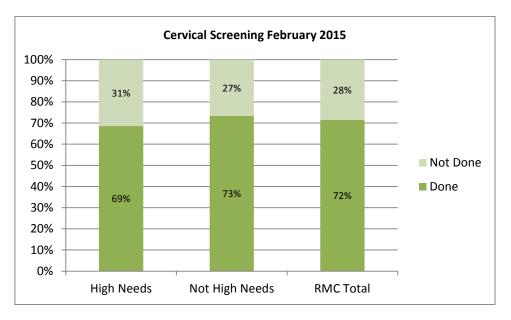
The rate for RMC is lower than both the Lakes region and National screening rates. This is disappointing, but may reflect some data error. For example RGPG record our rate as xxx %. We think this is because they consider any screening entry as being a completed cervical smear, whereas it might be a record of 'Decline'. This could mean the overall rate recorded for the Lakes DHB area is artificially high.

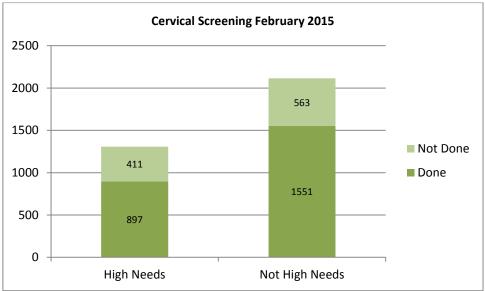
Data source for Lakes DHB & National figures:

National Screening Unit Quarterly report: https://www.nsu.govt.nz/system/files/page/ncsp_lakes_december_2014.pdf

3. Current screening rates of women identified as High Needs

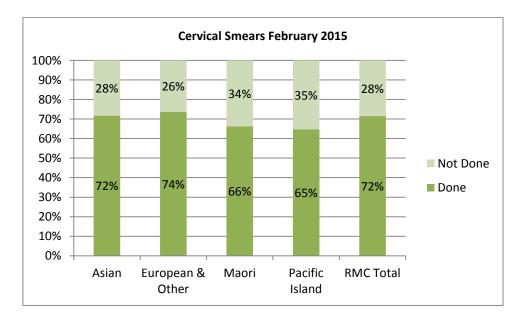
High Needs women are defined as Maori, Pacifica or living in a Quintile 5 address. Of 1,308 women identified as being high needs, 69% have had a smear, compared with 73% of not high needs women.

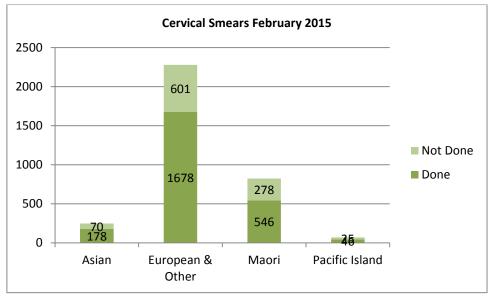




	Done	Not Done	Total
High Needs	897 (69%)	411 (31%)	1308
Not High Needs	1,551 (73%)	563 (27%)	2114

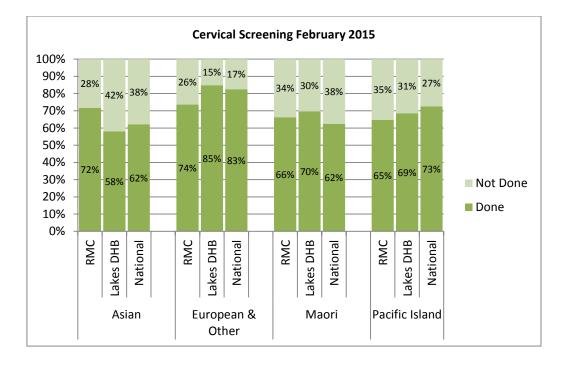
4. Current Screening Rates by Ethnicity





Ethnicity	Done	Not Done	Total
Asian	178 (72%)	70 (28%)	248
European	1,678 (74%)	601 (26%)	2279
Maori	546 (66%)	278 (34%)	824
Pacific Island	46 (65%)	25 (28%)	71

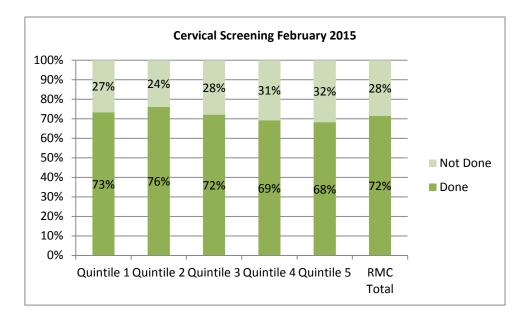
Rates for Maori and Pacific women continue to lower than for other ethnic groups, though the gap is narrowing.



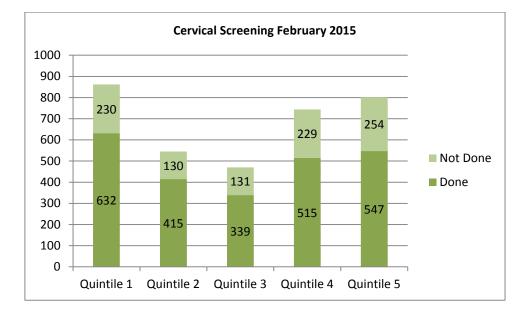
Ethnicity	Area	Done	Not Done	Total
	RMC	178 (72%)	70 (28%)	248
Asian	Lakes DHB	1094 (58%)	788 (42%)	1882
	National	101765 (62%)	61930 (38%)	163695
	RMC	1678 (74%)	601 (26%)	2279
European & Other	Lakes DHB	13296 (85%)	2364 (15%)	15660
	National	644640 (83%)	136295 (17%)	780935
	RMC	546 (66%)	278 (34%)	824
Maori	Lakes DHB	5597 (70%)	2447 (30%)	8044
	National	95812 (62%)	57578 (38%)	153390
Pacific Island	RMC	46 (65%)	25 (35%)	71
	Lakes DHB	361 (69%)	165 (31%)	526
	National	46851 (73%)	17667 (27%)	64518

Data source for Lakes DHB & National figures:

National Screening Unit Quarterly report: https://www.nsu.govt.nz/system/files/page/ncsp_lakes_december_2014.pdf



5. Current Screening Rates by Quintile (Deprivation)

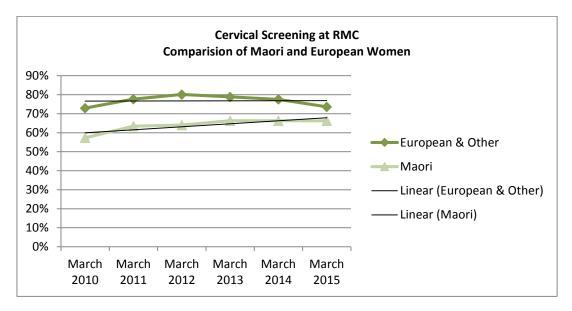


Quintile	Done	Not Done	Total
Quintile 1	632 (73%)	230 (27%)	862
Quintile 2	415 (76%)	130 (24%)	545
Quintile 3	339 (72%)	131 (28%)	470
Quintile 4	515 69%)	229 (31%)	744
Quintile 5	547 (68%)	254 (32%)	801
RMC Total	2448 (72%)	974 (28%)	3422

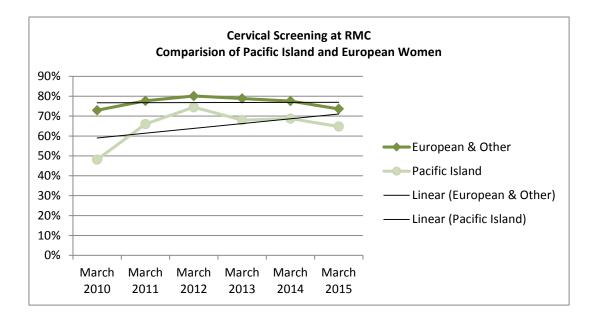
6. Progress towards equity of outcome

Mason Durie has suggested we should record progress over time, in the manner shown in the graphs below, to demonstrate achievement of equity of outcome.

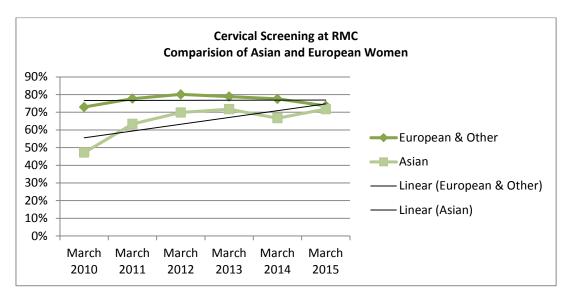
These graphs show comparison of Maori, Pacific and Asian women compared with European and Others, between 2009 to 2015



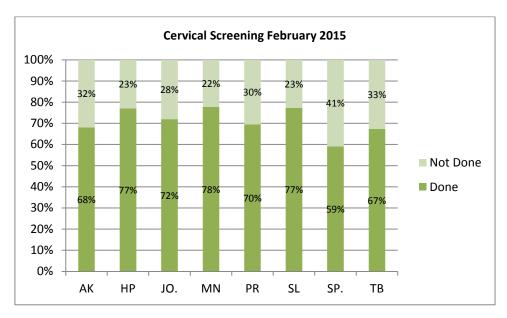
This suggests mixed progress! Overall smear coverage has appeared to decline, but the gap between Maori and European and Other women has narrowed.



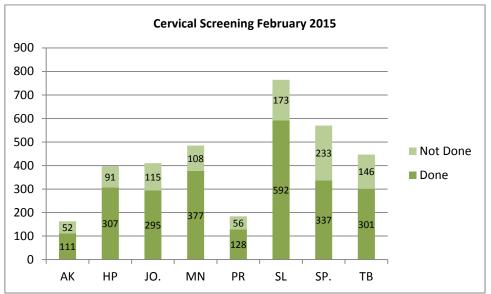
Again, trend lines suggest significant progress in smear coverage rates for Pacifica women, though the numbers are smaller



Similarly the gap between Asian women and European and Other women has narrowed. Numbers are small.



7. Current screening rates by provider.



Provider	Done	Not Done	Total
AK	111 (68%)	52 (32%)	163
HP	307 (77%)	91 (23%)	398
OL	295 (72%)	115 (28%)	410
MN	377 (78%)	108 (22%)	485
PR	128 (70%)	56 (30%)	184
SL	592 (77%)	173 (23%)	765
SP	337 (59%)	233 (41%)	570
ТВ	301 (67%)	146 (33%)	447

8. Conclusions and plans for 2015.

Progress in raising cervical smear rates has stalled in recent years, but there is good progress in achieving greater equity of outcome.

The goals for 2015 should be to get practice smear rates at least to the national average and continue to offer more opportunities for high needs women to have smears so that the gap between European and other ethnicities and vulnerable communities is eliminated.

Achieving 80% coverage and equity will require:

- High needs women: 150 more smears (including 114 Maori and 11 Pacific women)
- Non high needs women: 140 more smears

This report will be repeated in August 2015.