Government Response to Report of Petitions Committee on Breast Cancer Foundation NZ: Restore and extend screening for breast cancer

Presented to the House of Representatives

In accordance with Standing Order 252

Government response to Report of Petitions Committee on 1 March 2023

Introduction

1 The government has carefully considered the Petition Committee's report on the Breast Cancer Foundation NZ petition to restore and extend screening for breast cancer.

2 The government welcomes the Committee's recommendation on extending the age range for government funded breast screening to include 70-74 years.

3 The government responds to the report in accordance with Standing Order 252.

4 The government has commenced activity on the Committee's recommendation but is as yet unable to make fulsome changes to the BreastScreen Aotearoa (BSA) programme based on the Committee's recommendations.

5 The recommendation cannot yet be implemented due to the current capacity for delivering mammograms as there is a shortage of Medical Imaging Technologists and Radiologists, and there are changes to the current information communications technology (ICT) infrastructure required.

6 BSA is continuing to prioritise equity of access to screening services for wāhine Māori and Pasifika women with projects underway to co-design services that generate new solutions to the complex barriers for engaging with screening services. This includes better engagement with disabled women and gender diverse people.

Recommendations and government response

7 Recommendation: The Petitions Committee has considered the petition of Breast Cancer Foundation NZ— Restore and extend screening for breast cancer — and recommends that the Government consider extending New Zealand's free national breast screening programme to cover women aged between 70 and 74.

8 Response: In its consideration to extend the screening age for breast cancer, the government has indicated there are two main issues preventing an immediate roll out of an age extension:

8.1 Current capacity for delivering mammograms, noting there is a shortage of Medical Imaging Technologists and Radiologists, and;

8.2 Changes to the current ICT infrastructure as it lacks the integration, flexibility and scalability required to provide modern healthcare services and support programme changes. The new ICT system is planned to be in place by quarter 3 of the 2024 annual year.

9 The Committee also encouraged the Government to continue to work closely with BSA and the National Screening Unit to ensure they are appropriately resourced to continue the response to the COVID-19 backlog.

10 Response: The Government has allocated $3 million to support Lead Providers to improve the COVID backlog and increase screening coverage to the target of 70 percent.

11 The Committee agreed that a target in the health system indicators relating to early prevention of, and screening for, cancer would be beneficial. The Committee notes that the Government is developing a permanent, cancer-based health system indictor and urges it to complete this work as soon as possible.

Conclusion

12 The aim of BSA is to reduce morbidity and mortality from breast cancer by the early detection and treatment of the disease. The programme has reduced mortality from breast cancer by 30% for women who are screened, compared to women who have not been screened. Women diagnosed with breast cancer through BSA are more likely to be diagnosed at an earlier stage compared with those diagnosed outside of the programme. Early diagnosis has significant benefits for women – for example, women are less likely to require extensive surgery and chemotherapy.

13 The current age range for BSA is 45-69. This age group derives the greatest benefit from routine screening. Women aged 70–74 years have not previously been eligible for breast screening through the BSA programme because there was insufficient evidence that screening would reduce mortality for women in this age group.

14 Evidence on screening age ranges is regularly reviewed by Te Whatu Ora's National Screening Advisory Committee (NSAC), which provides clinical and technical advice to the NSU.

15 Te Whatu Ora will continue to review the evidence and opportunities to implement an age extension in the context of strengthened infrastructure, workforce, and equity considerations.

Equity

16 Extending breast screening to women aged 70-74 years before equitable coverage is achieved within the current age range risks further increasing inequities in breast cancer morbidity and mortality between wāhine Māori and Pacific women and other ethnic groups. Extending the screening age would also likely increase inequities for disabled women and gender diverse people.

17 The previous age range extension in 2004, which occurred in an environment of constrained capacity, had a negative impact on Māori participation and neither equity nor the 70 percent coverage target has been achieved for wāhine Māori.

18 Any future age extension would need to be rolled out ensuring equity for priority groups. Breast cancer incidence and mortality is higher in wāhine Māori and Pacific women than other women.

19 The investment into ICT infrastructure will provide better tools to understand who is participating in the programme and who is not. The Government has committed to improving healthcare outcomes for disabled people under the New Zealand Disability Strategy. However, health data does not currently include identification of disabled people. Without this information, the levels of participation remain unclear.

Current Capacity

20 Current capacity for delivering mammograms is an issue preventing immediate roll-out of breast screening to women aged 70-74 years. The age-extension would lead to approximately 42,000 additional mammograms and 1,600 assessment appointments per year.

Investment

21 Delivery to this age group will require an estimated additional implementation investment of $30 million in the first two years (including infrastructure costs). The ongoing volume-based costs are estimated at an additional $9 million per year for the life of programme.

ICT Infrastructure

22 Enhancing the ICT infrastructure is critical for making safe changes to the BSA programme, including any future changes to the age range. The ICT critical infrastructure upgrade includes a change to the default participation for breast screening from an “opt-in” to an “opt-out” service. This has the potential to increase the reach of the programme to an additional 189,700 women between the ages of 45-69 years who are eligible and currently do not participate in the programme (assuming the screening coverage target of 70 percent) demand. This approach is likely to be especially significant for improving equitable access to breast screening and for better engaging with disabled people and others who experience barriers to accessing health services and who have worse health outcomes.

23 The new ICT system is planned to be in place by quarter 3 of the 2024 annual year. Once this foundation is in place, the NSU will continue to keep potential implementation of age range extension under review.