

**For discussion on
9 February 2004**

**Legislative Council Panel on Health Services
Cervical Screening Programme**

The Department of Health (DH) will launch a Cervical Screening Programme (CSP) for women in Hong Kong on 8 March 2004. The Administration presented the programme to this Panel in July 2003. This paper recapitulates the major features of the programme with further details, and presents the proposed fee schedule for cervical screening service conducted by DH under this programme.

BACKGROUND

2. Cervical cancer is a common female cancer worldwide. In Hong Kong, it ranks as the fifth commonest cancer and the eighth leading cause of cancer deaths among women. In 2000, there were 444 new cases and 128 deaths due to cervical cancer. There is good international evidence showing that a well-organized screening programme can substantially reduce the incidence and mortality of cervical cancer. A local study estimated that about 240 new cases of cervical cancer could be averted each year in Hong Kong with an organized cervical screening programme having good coverage. In the Policy Objectives 2001, the Administration pledged to launch a CSP in 2003-04.

3. Cervical screening service is readily accessible in both the public and private sectors by women in Hong Kong. Under DH, the service is provided mainly in the Maternal and Child Health Centres (MCHCs) as part of their service package. Private doctors and some public and non-governmental organisations are other major providers of this service. Nonetheless, local studies show that many women in Hong Kong still lack knowledge about cervical screening and have misconceptions about it. Many women at high risk of cervical cancer are not aware of the need to undertake regular cervical screening. Currently, the estimated coverage rate of cervical screening in Hong Kong (among women aged 25-64) is approximately 45%, which compares rather unfavourably with that in Australia and Finland, i.e. 65% and

85% respectively. Some women, however, receive screening more frequently than they actually need. There is a lack of consensus on quality management guidelines and the quality of cervical screening varies. There is no centralized registry to keep track of cervical smear results, to remind women when to go for cervical smears, and to enable sharing of cervical smear results among service providers for better patient management.

4. To address the above issues and to strengthen preventive health services, DH plans to launch a CSP on 8 March 2004. We envisage that, with the participation of other health care service providers, the CSP will achieve the following benefits:-

- (a) improve the overall coverage of cervical screening among women in Hong Kong. The CSP has an interim target coverage rate of 60% among women aged 25-64 to be achieved in 3 years, which is compatible with overseas experience. Over the longer term, screening coverage would reach levels on par with international best models, i.e. 80% or more;
- (b) improve the quality of cervical screening services through drawing up of quality management standards and guidelines;
- (c) enable closer collaboration with and better involvement of the private sector in providing cervical screening services; and
- (d) reduce the number of women developing and dying from cervical cancer, thereby bringing better quality of life to women in Hong Kong.

Major Features of CSP

5. A Cervical Screening Task Force (CSTF), chaired by the Director of Health, was established in December 2001 to oversee the planning, implementation, and evaluation of the programme. Members of the CSTF included representatives from relevant Colleges under the Hong Kong Academy of Medicine, academics from universities, service providers from the public and private sectors, non-governmental organizations and women groups.

Target Population

6. Based on a detailed study by the CSTF, women aged between 25 and 64 should be the target group of the CSP. Women of this target age group who have experienced sex are encouraged to receive 3-yearly cervical smears following two consecutive yearly negative smears. The recommended starting age of 25 has taken into account the low incidence of cervical cancer in women below that age. However, individual women aged below 25 who have high risk profile may be screened according to professional judgment. Screening may be discontinued for women aged 65 or more if three previous consecutive smears are normal. This screening policy has taken into consideration the local epidemiology of cervical cancer, and is congruent with the Guidelines of the Hong Kong College of Obstetricians and Gynecologists and experience from relevant overseas programmes.

Recruitment into CSP

7. In order to recruit as many women into the CSP as possible, personalized invitation letters will be sent to the target population. Overseas experience has shown that this approach is highly effective in increasing cervical screening coverage. Priority will be given to women aged 50-64 who are at a relatively higher risk of developing cervical cancer and yet have lower coverage rates. CSP registrants will receive notification about results of their screening and other follow up procedures, reminder letters for next smears, information about service providers and educational materials.

Building an information system (or registry)

8. A central registry of cervical smears is a major feature of any organized screening programmes in many places. The CSTF agrees that a central registry of cervical smears, which Hong Kong does not have at the moment, would be a crucial element of the CSP. In this connection, a central registry called the Cervical Screening Information System (CSIS) is being developed. The information system would support multiple functions such as the enrolment of the target population, maintaining information on screening history and results, tracking utilization and follow up, sending reminders, linking records across different providers, generating indicators for coverage and quality assurance. All these functions would further facilitate research and

evaluation of the programme. It is envisaged that when the system is launched, the general public, service providers and laboratories would be able to make registration through the system, which would in turn be able to generate calls to users for subsequent screening. Other functions of the CSIS, such as death records matching, enquiry system for users and statistics report generation will also be available at a later stage. The target completion date for the whole system is October 2004.

Quality management

9. The CSTF has drawn up quality management guidelines for all stages of the screening pathway, including proper smear-taking procedures, accurate cytological diagnosis at the laboratories, smear reporting and management of abnormal smears with appropriate follow-up and treatment. Such quality management guidelines are important in ensuring that women receive good quality services. CSIS will monitor the quality indicators. DH will coordinate with professional training institutions to organize training activities for medical practitioners in providing cervical screening.

Collaboration between the private and public sectors

10. At the moment, the private sector is a major provider of cervical screening services in Hong Kong and it takes up about one-third of the market share. Private-public collaboration is therefore crucial to the success of the CSP. Service providers who join the CSP will receive professional training kits like smear-taking manual, educational VCDs, pamphlets, posters and fact sheets, and be invited to attend briefing sessions. They will be able to search cervical smear and biopsy results, make on-line enquiries and give feedback about quality indicators through CSIS. DH will also issue letters to participating doctors to remind them of the timing for next screening of their clients. Refresher courses will be organized for participating doctors in conjunction with professional training institutions.

11. Around 380,000 cervical smears are taken by women in Hong Kong every year. This number is expected to go up to 570,000 when CSP is in its fifth year of operation, and 740,000 in the long run. It is expected that close to two-third of such increase will be absorbed by the private sector (paragraph 16 is relevant).

Fee Schedule for Cervical Screening Conducted in the Public Sector

12. Historically, cervical screening service has been provided as part of various health programmes of DH. The fees chargeable to Eligible Persons (EPs)¹ vary from one service to another, ranging from \$1 for each visit to the family planning session at the MCHCs to \$310 for annual enrolment at the Woman Health Centres. A costing exercise at 2003-04 price level shows that the unit cost of a cervical smear under the CSP is \$206.

13. In 2002, a Women Focus Group Study (WFGS) commissioned by the CSTF identified that the level of screening fee is a major factor affecting women's readiness to participate in CSP. The fee level should be sufficiently attractive for the targeted clients to achieve a wide coverage, but at the same time should not be too low to overburden the public sector. The collaborative relationship between the public and private sectors should be maintained and balanced.

14. In the light of the findings of the WFGS, we propose a fee of \$120 be chargeable to all eligible persons seeking cervical screening at the MCHCs in DH. The proposed fee is considered acceptable as it is consistent with the subsidy level for Women Health Service at around 40% under the policy of subsidizing preventive health care services and should be agreeable to target clients in terms of their affordability. The fee level also falls within the acceptable range of \$100 - \$200 as suggested by WFGS. We will continue to adopt the existing waiver policy² to assist those with financial difficulties. In accordance with the existing policy, non-eligible persons will be charged at full cost.

15. The options of pegging the fee for eligible persons with market rates, in which case there would be no subsidy, or with the rate charged at GOPCs, in which case there would be a higher level of subsidy, have also been considered. Neither option is however preferred as the former will discourage women from undergoing regular screening while the latter will overburden the

¹ Eligible Persons (EPs) are holders of a Hong Kong Identity Card issued under the Registration of Persons Ordinance or other persons approved by the Director of Health.

² Under the current waiver policy, the Director of Health may in his discretion waive, reduce or remit the whole or any part of the fees chargeable under any institutions under his control, such as those chargeable to recipients of Comprehensive Social Security Assistance.

public sector and is inconsistent with the spirit of public and private sector collaboration.

16. We anticipate that the proposed fee of \$120 should strike a good balance in terms of public and private collaboration. Currently, cervical screening service is available in the private sector which is provided by General Practitioners (GPs) and other private gynaecologists. The basic screening service by GPs, which is comparable to that provided by DH, is available at a fee of about \$200. Given the service nature of cervical screening, we anticipate that a majority of women in the target group may choose to seek such service at the private sector which can provide a more personalized and flexible service. When the coverage rate of the local women population increases as the CSP promotion continues, the private sector should benefit from the expansion of the cervical screening service market.

PUBLIC CONSULTATION

17. The CSP is drawn up by the CSTF in which service providers, academics, user groups, and other stakeholder groups are represented. The CSTF also adopted an evidence-based approach when designing the CSP. A questionnaire survey was carried out among doctors in private practice to collect data on their cervical screening practices and their views about the CSP. Other surveys were conducted on private laboratories that perform cytological examinations on cervical smears. The CSTF also commissioned the WFGS to collect views of women of different age and background in Hong Kong to understand their beliefs, behaviors and attitudes about cervical screening.

PUBLICITY

18. We will launch a series of mass media campaigns before the launching date and afterwards. Production of posters, booklets, fact sheets, souvenirs and VCDs are under way. These educational and publicity materials will be distributed to the general public as well as service providers for free. We will roll out advertisements in public transport in early March which will last for about four weeks initially. A special website for the CSP will come into operation by the launching date, with email enquiry function. Announcements in the public interests, produced as different versions narrated in Cantonese, English and Putonghua, will be broadcast on television and radio

shortly after launching. We will also organise roving exhibitions at public places to promote the Programme.

Health, Welfare and Food Bureau
February 2004