

# **Quarterly Report from the Ministry of Health to the Minister on the Implementation of the Recommendations of the Gisborne Cervical Screening Inquiry Report (10 April – 10 June 2002)**

## **BACKGROUND INFORMATION**

1. In response to Recommendation 46 of the Inquiry Report, the Director General will supply monthly reports to the Minister. This report combines the twelfth, thirteenth and fourteenth of these monthly reports (now replaced with quarterly progress reporting), covering the period 10 April to 10 June 2002.

## **COMMENT**

### **Evaluation of the National Cervical Screening Programme**

2. Following submission of an application to Ethics Committees for the Audit of Invasive Cervical Cancer, 18 February 2002, final approval from 12 regional ethics committees was granted on the 30 April 2002. Final approval from 13<sup>th</sup> regional ethic committee was granted on the 06 June 2002. Kaitiaki group approval has also been obtained.
3. Phase 3, the first operational phase of the Audit is proceeding. This includes checking and assessment of the data obtained from NCR and NCSP-R. An Operations Manager and 5 Case Coordinator staff have been appointed to the Cancer Audit Project Team in readiness for Phase 4 and 5 of the Audit which commenced in early June. Phase 4 of the audit involves contacting the most recent specialist and GP/smeartaker for each woman, contacting the woman and obtaining consent to interview and examine the woman's records. Phase 5 commences in early July with the collection of information from: laboratories, General Practitioners, Hospital Specialist records and interviews with women. The audit team are expecting to have completed phases 4 and 5 for the 350 women in the first sample by October 2002.

### **Changes to Legislation**

4. Approval for the introduction of the Health (Screening Programmes) Amendment Bill was considered by LEG on 24 April 2002 [LEG Min (02) 9/1]. LEG referred the Bill to CAB on 29 April 2002 for resolution of specified policy issues (related primarily to access and disclosure of health information). CAB referred issues to POL on 1 May 2002 and further considered the Bill at its meeting on 13 May 2002 [CAB Min (02) 14/3B]. Introduction to the House occurred on 16 May 2002. This was later than planned timetable. (Recommendations 14, 16, 17, 30)
5. Policy work on review of the Kaitiaki Regulations has been completed and a paper prepared for EHC consideration in June 2002. (Recommendation 15)

6. Further to the indicative timeline given in the previous progress report, proposing a September 2002 date for enactment of the Bill, an indicative summary of the remaining timeline can now only be provided after the election and the new Select Committee appointed.
7. At the time of finalisation of this report, the Health Practitioners Competence Assurance Bill (HPCA) received LEG approval and was introduced to the House on 11 June 2002. (Recommendations 34, 35, 36, 44)
8. A separate briefing has been provided to you regarding Recommendation 29 of the Inquiry Report, which called for the amendment of regulations to ensure that only medical practitioners with specialist qualifications in pathology and appropriate training in cytopathology or appropriately trained cytoscreeners should read smear tests. The briefing seeks your agreement that this recommendation be implemented through the (HPCA) rather than amendment to the Medical Laboratory Regulations 1989 as stipulated in the Inquiry Report.

### **Ethics Committees**

9. The new National Ethics Committee is expected to report back to the Minister of Health on the proposed timeframe for responding to the Recommendations 19, 21, 22 and 23.

### **NCSP Operations**

#### **Provision of Statistical Information**

10. The 1996-98 National Cervical Screening Programme (NCSP) Statistical Report was published and distributed to interested parties in April 2002. Work on the 1999-2000 NCSP Statistical Report is progressing. The Independent Monitoring Group, for publication later this year, is preparing an Annual Monitoring Report for the year 2001. (Recommendations 7 & 8)

### **Legal Review**

11. A legal review of the NCSP has been completed and a separate briefing provided to you. (Recommendations 5 & 6)
12. Recommendations from the legal review are being followed up and incorporated within the NSU workplan, including:
  - Development of a separate general policy statement NCSP.
  - Redrafting of agreements with Independent Service Providers for NCSP Health Promotion Services.
  - Review of NCSP Regional Office Service Specifications.
  - Incorporation of the ability to mandate NCSP standards through the regulation making powers of the Health (Screening Programmes) Amendment Bill. This requirement was also covered in a further briefing to you.

## **Policy and Quality Standards and Ongoing Monitoring**

13. The fifth Independent Monitoring Group's NCSP quarterly monitoring report (covering the period October 2001 to December 2001) is due to be published 20 June 2002. (Recommendation 4)
14. New NCSP laboratory agreements have been drafted and distributed to the 11 community and two public hospital laboratories providing cervical cytology services. Early discussions with the Association of Community Laboratories representing community laboratories suggest that the National Screening Unit (NSU) is unlikely to be able to implement these direct agreements by 1 July 2002 as previously hoped. Concerns relate largely to test price and extent of monitoring and audit requirements for the NCSP.
15. The two public hospital laboratories continue to struggle to meet the minimum volume requirements for cytology test processing despite strenuous efforts to attract activity locally and from other DHBs. The NSU continues to work with these DHBs on efforts to increase cytology volumes, although this is difficult to achieve, given the number of laboratories competing for the same cytology work and achievement of minimum volumes. In order to continue support for public hospital laboratory processing of cytology tests, it may be necessary to limit the number of community laboratories able to do this work. A separate briefing on this issue will be provided to you in due course. (Recommendation 9)
16. The review of NCSP Interim Policy and Quality Standards has been scoped and incorporates 7 Sub-projects covering the requirements of Recommendations 26, 27 & 32, including:
  - Development of new performance standards for NCSP-Register
  - Review of NCSP Management Reports
  - Development of NCSP Regional Office Standards
  - Smear-Taking Standards Project
  - Review of Colposcopy Standards
  - Review of Health Promotion Standards
  - Development of Laboratory Coding Standards.

## **Workforce Development**

17. Plans to implement the NSU Workforce Development Strategy are underway with funding identified for the 2002/03 year. Priority is given to the Inquiry's workforce recommendations in this implementation phase.
18. Further to recommendations from Dr McGoogan, policy work to support NSU funding of non-medical smear-taker training has been completed. (Recommendations 28, 40, 41, 42)

## **Complaints & Deficiencies System**

19. Development of an NCSP Complaints System is progressing. Discussions regarding a Memorandum of Understanding for sharing information have been held with ACC, HDC, Medical Council and Nursing Council and documentation is being prepared. The NSU continues to liaise with these agencies and service providers in relation to specific individual complaints. (Recommendations 24, 34 & 45)

## **Information to Women**

20. A Tear-Off Information Sheet booklet has been produced and distributed to all smear-takers. The Information Sheet will be used by smear-takers in their consultation with women.
21. The detailed NCSP Booklet is being pre-tested with women and experts and is due to be released within the next 2 months. (Recommendation 38)
22. A project to review NCSP resources for Pacific women has commenced.

## **Dr McGoogan's 12 Month Review Visit**

23. Dr McGoogan completed her 12-month review visit between 2 April and 20 April 2002. Upon completion of her visit Dr McGoogan is to prepare a 12<sup>th</sup> Month Review Report. We are currently awaiting her report.
24. A report on actions to implement Dr McGoogan's 6<sup>th</sup> Month Report recommendations regarding NCSP Operations NCSP (in addition to the Inquiry Recommendations) was prepared by the NSU for discussion with her at her 12-month visit. Many of the recommendations are either already in progress or form part of the NSU's ongoing workplan.
25. Dr McGoogan's concerns regarding the reporting of progress to implement the Inquiry recommendations were also discussed at her 12-month visit and advice was sought as to how progress might be better reported. This advice may be provided within her 12-month report.

## APPENDIX 1.0

### IMPLEMENTATION OF RECOMMENDATIONS AND PROGRESS AGAINST REPORTING MILESTONES FOR 10 APRIL TO 10 JUNE 2002

Ref.	Recommendation	Reporting Milestones <sup>1</sup> for April to June 2002
1.	Evaluation of NCSP – Part 3 (Cancer Audit).	Ethics application approval.
2.	Re-enrolment and re-screening of women.	No Reporting Milestone this period.
3.	Cox's 1997 comprehensive evaluation of the NCSP should be commenced within 18 months.	Parts 5, 6 and 8 included within the scope of Part 3 (Cancer Audit) – see recommendation 1 above. No Reporting Milestone this period.  Parts 4, 7 and 10 included within scope of NCSP Statistical Reporting. Refer to recommendation 7 below.
4.	Implementation of Operational Policy and Quality Standards & Evaluation & Monitoring Plan.	Further project work to take place with regard to implementation of standards for Smear-Takers.  Finalisation of fifth Independent Monitoring Group NCSP quarterly monitoring in process.
5.	Full legal assessment of Operational Policy and Quality Standards.	Report provided to NSU.
6.	Legal assessment of NCSP Authority.	Report provided to NSU.
7.	Statistical Reporting.	1996-98 Report Published  Work on the 1999/00 and 2001 report is underway.
8.	Regular Statistical Information.	NSU and University of Otago consider delivery of aspects of this recommendation not possible.
9.	Minimum Standards for Cytology Laboratories.	DHB and Community Laboratory Agreements incorporate minimum volume standards.  Public Hospital laboratories struggle to meet minimum volume standards.

<sup>1</sup> Reporting Milestones refer to those tasks and activities that need to be completed in the period covered by the report, against which progress on the implementation of the recommendations is measured.

Those recommendations and their Reporting Milestones marked Current Practice/ or Completed will not be reported in subsequent reports, as they have already been implemented. Recommendations where there is no Reporting Milestone against which to report for this month are marked No Reporting Milestone this period; work may however be already underway.

<b>Ref.</b>	<b>Recommendation</b>	<b>Reporting Milestones<sup>1</sup> for April to June 2002</b>
<b>14.</b>	Amend S74 of the Health Act 1956.	Awaiting first reading
<b>15.</b>	Kaitiaki Regulations.	Policy work completed
<b>16.</b>	Legal right to access information from the Cancer Register.	Awaiting first reading
<b>17.</b>	Amend Health Act 1956 to enable access to medical files.	Awaiting first reading
<b>18.</b>	Change guidelines under-which ethics committees operate.	Guidelines updated.
<b>19.</b>	Review of operations of ethics committees.	Work to be undertaken by the National Advisory Committee on Health and Disability Support Services Ethics (The National Ethics Committee).
<b>20.</b>	Provide guidelines to ethics committees regarding Privacy Act & Code.	Guidelines updated.
<b>21.</b>	Guidelines to ethics committees for observational studies.	Work to be undertaken by the National Advisory Committee on Health and Disability Support Services Ethics (The National Ethics Committee).
<b>22.</b>	National ethics committee – multi-centre studies.	Work to be undertaken by the National Advisory Committee on Health and Disability Support Services Ethics (The National Ethics Committee).
<b>23.</b>	Appeal process for ethics committee decisions.	Work to be undertaken by the National Advisory Committee on Health and Disability Support Services Ethics (The National Ethics Committee).
<b>24.</b>	NCSP Complaints System.	Work in progress.
<b>25.</b>	Electronic Link Cancer Register & NCSP Register.	Processes for linking and matching data implemented.
<b>26.</b>	Performance Standards for NCSP Register and Cancer Register.	Delays to commencement of project work for NCSP-R
<b>27.</b>	Standards for the NCSP should be reviewed every two years.	Delays to commencement of project work.

<b>Ref.</b>	<b>Recommendation</b>	<b>Reporting Milestones<sup>1</sup> for April to June 2002</b>
<b>28.</b>	The Government must ensure sufficient cytotechnologists and cytopathologists and training sites.	Implementation of Workforce Development Strategy Commenced.
<b>29.</b>	Amend Medical Laboratory Technologists Regulations 1989.	Briefing to Minister. Include in HPCA – awaiting first reading.
<b>30.</b>	Impose Legal obligations on storage of slides.	Awaiting first reading
<b>31.</b>	Ensure electronic linkage between NCSP Register and Cytology Labs.	No Reporting Milestone this period.  This requirement will form part of the National Screening Units development of an Information Systems Strategy.
<b>32.</b>	Develop Standards for accuracy of laboratory coding.	Delays to commencement of project work.
<b>33.</b>	The NCSP should develop a population-based register.	No Reporting Milestone this period.  The National Screening Unit is represented on the Ministry's Population Register Project led by NZHIS.
<b>34.</b>	Legal mechanisms should be in place to allow the ACC, Medical Council and the Health & Disability Commissioner to share relevant information with the Ministry's NCSP.	Included in HPCA – Awaiting first reading.
<b>35.</b>	Medical Tribunal to supply information to NCSP.	Included in HPCA – Awaiting first reading.
<b>36.</b>	ACC & Medical Council should exchange relevant information regarding claims for medical misadventure.	Royal assent received for Injury Prevention and Rehabilitation Bill – to come into effect April 02
<b>38</b>	Information to Women.	Draft detailed brochure completed and out for consumer testing

<b>Ref.</b>	<b>Recommendation</b>	<b>Reporting Milestones<sup>1</sup> for April to June 2002</b>
<b>39</b>	Letters to Medical Practitioners.	Letter sent.
<b>40</b>	Appropriately trained personnel should do cervical screening.	Implementation of Workforce Development Strategy Commenced.
<b>41</b>	All pathologists undertaking cytology should be appropriately trained.	Implementation of Workforce Development Strategy Commenced.
<b>42</b>	Cytopathologists must participate in continuing education in cytopathology.	Implementation of Workforce Development Strategy Commenced.
<b>43</b>	Pathologists ought to be more open-minded.	No Reporting Milestone this period.
<b>44</b>	The Medical Council should ensure that systems are in place to support the early reporting of errant medical practitioners by their colleagues.	Included in HPCA – Awaiting first reading.
<b>45</b>	NCSP should have a system for identifying deficiencies.	No Reporting Milestone this period.
<b>46</b>	There should be a process for monitoring the implementation of the Committees Recommendations.	Dr McGoogan's 6-Month Report released. Dr McGoogan's 12-Month Report awaited.