

# 10 FEBRUARY 2007 TO 10 AUGUST 2007 REPORT FROM THE MINISTRY OF HEALTH ON THE IMPLEMENTATION OF THE RECOMMENDATIONS OF THE CERVICAL SCREENING

## REPORT

### BACKGROUND INFORMATION

1. The *Report of the Ministerial Inquiry into the Under-Reporting of Cervical Smear Abnormalities in the Gisborne Region* was released in April 2001. That report contained 46 recommendations for future action that the Government or its agencies should consider taking. The then Minister of Health (Hon Annette King) subsequently accepted all 46 recommendations and directed the Ministry of Health to implement them. The Minister of Health identified \$3.96 million from within health baselines for 2001/2 and outyears for the implementation of the recommendations (HR 20010396 refers). \$0.788 million of this funding has been transferred each year to the Information Services (New Zealand Health Information Service) departmental expenses (HR 20047183 refers).
2. A previous report on progress (HR 20060237 refers) provided a full report on all 46 recommendations.

### COMMENT

#### Status of the Cervical Cancer Inquiry's Recommendations at August 2007

Status of the Recommendation	Recommendation Number	Total
Implemented – has become “business as usual”.	1, 3, 4, 6, 7, 8, 9, 10, 24, 26, 28, 29, 32, 37, 38, 42, 43, 45, 46	19
Implemented – no further work required.	5, 11, 12, 14, 15, 16, 17, 18, 19, 20, 21, 22, 34, 35, 36, 39, 40, 41, 44	19
Work substantially complete – expected to be implemented in 2007/08.	23, 31	2
Work underway and expected to be fully completed by 2008/09	25, 27, 30, 33	4
Decision not to implement.	2, 13	2

## Update on Progress

3. Thirty-eight of the Cervical Screening Inquiry's 46 recommendations have now been implemented. Since the last report (HR 20062534 refers) work continues on six recommendations. Of the eight recommendations that remain outstanding: two are expected to be implemented in 2007/08, four by 2008/09; and decisions have been made not to implement the other two.

## Implementation of Remaining Recommendations

4. Two recommendations will not be implemented. Recommendation 2 refers to the re-enrolment and re-screening of all women in the event that the national evaluation throws doubt on the accuracy of high-grade abnormality reporting rates. The findings of the Cervical Cancer Audit 2004 did not support the implementation of recommendation 2.
5. Recommendation 13 refers to the management of the National Cervical Screening Programme being under the control of a second or third tier manager within the Ministry who has a specialist medical qualification in public health or epidemiology. In 2002 the National Screening Unit appointed a programme manager and clinical leader to jointly manage the National Cervical Screening Programme at the fourth tier. This decision reflected the clinical governance that is required to effectively manage a national cervical screening programme. The National Cervical Screening Programme clinical leader does have specialist medical qualifications in public health. These two positions report to the National Screening Unit manager at the third tier.
6. Two of the remaining recommendations are substantially underway and are expected to be completed or implemented by 30 June 2008. Recommendation 23 refers to the appeal process for ethics committee decisions. The Minister accepted the recommendation of the National Ethics Advisory Committee that an appeals process be put in place. After legal concerns were raised around the appeals mechanism initially proposed, the Health and Disability Systems Strategy Directorate has provided advice to you on other options (Health Report 20070657 refers) and is working with a view to complete implementation during the 2007/08 year.
7. Recommendation 31 refers to the electronic linkages between the NCSP-Register and laboratories. A pilot has been evaluated and electronic linkages have been implemented in three laboratories. All laboratories will be electronically linked to the NCSP-Register by 30 June 2008 with the implementation of the NCSP-Register redevelopment project.
8. Four of the remaining recommendations are underway and are expected to be completed by 30 June 2009. Recommendation 25 refers to the electronic linkage between the Cancer Registry and the National Cervical Screening Programme Register (NCSP-Register). A process for linking and matching data manually has been implemented. The New Zealand Health Information Service, in conjunction with the National Screening Unit, is continuing to work on a project, which will assess the feasibility of electronically linking with the New Zealand Cancer Registry as part of the NCSP-Register redevelopment project in 2008/09.

9. Recommendation 27 refers to the two-yearly review of the National Cervical Screening Programme Operational Policy and Quality Standards (OPQS). The review of Chapter 5 'Providing a Laboratory Service' was completed in June 2007. As part of the NCSP-Register redevelopment project, all chapters of the OPQS will be updated for changes to the redeveloped NCSP-Register and printed by 30 June 2008. There have been delays in reviewing the three remaining chapters due to reprioritisation of staff resources to emerging issues. A full review of the remaining three chapters has not been scheduled for 2007/08.
10. Recommendation 30 refers to the legal obligations for storage of cervical screening slides. The 2004 Amendment to the Health Act 1956 updated the regulations in relation to the retention of health information to include the retention of specimens (bodily sample or tissue sample taken from a person). The retention of laboratory samples for cervical cytology are currently covered by the National Cervical Screening Programme Operational Policy and Quality Standards and Agreements with laboratories, and those Agreements specify a minimum retention period for the samples. The Sector Policy Directorate anticipates that many of the proposed changes to the Health (Retention of Health Information) Regulations will be addressed through the standard for the non-therapeutic use of tissue, currently being developed to aid implementation of new human tissue legislation (HR 20046854 refers). The Health and Disability Systems Strategy Directorate will advise you on whether amendment of the Health (Retention of Health Information) Regulations is required, once the Human Tissue Bill consideration and standard development has been completed (expected during the 2007/08 year).
11. Recommendation 33 refers to the development of a population register for the NCSP. The NSU is examining the feasibility, acceptability and cost of utilising a national, population-based database along with the NCSP-Register for identifying unscreened and under-screened women aged 20-69 years and inviting them to have a smear in order to improve coverage and participation within the programme.

## **IMPLICATIONS FOR REDUCING INEQUALITIES**

12. None of the recommendations of the Cervical Screening Inquiry relate specifically to reducing inequalities.