



National
Cervical
Screening
Programme

NCSP and NCSP Register — Request for Data

Application date: _____

This form must be completed by the person (applicant) requesting data from the National Cervical Screening Programme (NCSP) or the National Cervical Screening Programme Register.

The application form should preferably be completed electronically and e-mailed to the NCSP.

The NCSP will advise whether an application to the National Kaitiaki Group (NKG) is also required. Please refer to the attached flow chart to assist with your application.

NCSP Contact Details for Sending this Form

It is preferred that you email your request to nsu-dataenquiries@health.govt.nz.

Alternatively you can send the request by mail to:

NCSP Manager
National Screening Unit
Ministry of Health
PO Box 5013
WELLINGTON, 6140

Background

The NCSP Register is a national database which holds cervical cytology, histology and HPV results taken in New Zealand (and processed by New Zealand laboratories), for all women who are enrolled in the Programme. The NCSP Register is the monitoring tool for the NCSP to achieve its aim of reducing the incidence of and mortality from cervical cancer. It is also the back up system for providers of cervical screening services, and assists with reminding women who are overdue for screening tests.

On 1 July 2004, the Health (National Cervical Screening Programme) Amendment Act 2004 came into force. Section 74A of the Health Act was repealed and replaced by Part 4A. This new part provided for the appointment of persons to operate the NCSP and facilitated the operation and evaluation of the Programme. People requesting data from the NCSP Register should be familiar with this legislation before completing this form and the National Kaitiaki Group (NKG) form (if Maori women's ethnicity data is being requested from the NCSP Register). This is particularly relevant for those interested in NCSP evaluation studies. The meaning of evaluation, who may be designated, and criteria for designation are described in sections 112T to 112Z in the Act.

Those planning to undertake an analysis of ethnicity data held on the NCSP Register must complete an NKG form. This will be made available following approval of the data request from the NCSP. For more detail about NKG see the Health (Cervical Screening (Kaitiaki)) Regulations 1995 <http://www.legislation.govt.nz/regulation/public/1995/0029/4.0/DLM2195900.html> .

Note that any application for NCSP data intended for research or evaluation purposes must be accompanied by a copy of the Research Ethics Committee application and approval.

Please note - the following three types of data requests do not need to have a form completed — these can be requested from the regional register coordinator who can be contacted on 0800 729729.

1. Quality of Smears Report (a report on the quality of smears taken by a smear taker)
2. Smear Taker Recall Report (a report that lists women who are due to be recalled in the near future)
3. Overdue Cervical Smears Report (a report that lists women who are overdue for a smear)

For all other data requests please complete the following form.

1. Applicant contact details

Name:

Organisation/Health facility:

Department/section:

Physical address:

Telephone, mobile phone:

Fax:

Email:

Date request submitted:

2. Purpose (include justification for needing this data)

Full description of what the data will be used for. Use separate pages as required.

3. Timeframe

*When is the data required by – give reasons, include project start and end dates
(Responses will typically take 3 to 4 weeks.)*

4. Ethics committee approval

*Please **attach** ethics committee application if this data request is part of research work, and responses received from the ethics committee. If ethics committee approval has not been obtained, please provide reasons.*

5. Security of data

Provide detail of how data will be stored and secured

6. Provide detail of who will have access to data

7. Provide detail of confirmation that data will be destroyed after use

8. Confirm that data will not be shared with anyone other than those named above

(ie: the applicant plus other named individuals)

9. Confirm that data will only be used for the purpose specified above

10. Confirm that the applicant has the necessary skills/access to skills to undertake analysis for the specified purpose

11. Confirm that a copy of any report prepared using this data will be provided in confidence to the NCSP (pre-publication)

12. Confirmation that any report prepared using this data in whole or in part will acknowledge the NCSP as the source of the data

13. Format in which data is required

For example Excel spreadsheet

Data will be sent to the requestor in a spreadsheet on a CD or by fax if there is a small quantity of information. The CD will be password protected and this password will be emailed separately or may be faxed.

14. Data elements

Description of the data elements to be extracted, including whether aggregate or unit record is required, list of particular fields that are required. To avoid delays it may be useful to phone to discuss and clarify requirements and check availability of data.

Examples of requests could include the following:

1. List of all women in a location who:

- Are the following ethnicity (Note: NKG approval is required to access Maori women's data from the NCSP Register):
Please **specify**

- Have not been smeared in x period:
Please **specify** the date range — dd/mm/yy to dd/mm/yy

2. Matching details to a list of NHIs, or NHIs to a list of women with other demographics:

Please **attach** the NHIs or other details to search against.

3. A list, including addresses, of all the smear takers and/or clinics in a region.

Please **specify** the region . . .

4. Data sets for research purposes.

Please **specify** the date range and the type of data . . .

5. Other e.g. data for audits:

Please **specify** . . .

15. NKG application

Please indicate whether you consider an NKG application form is required.

Yes / No

[Once the NKG form is completed, a copy must also be submitted to the NCSP].

Declaration

We the undersigned confirm that the information provided in this form is accurate to the best of our knowledge.

Name of Applicant: _____

Signed: _____

Date: _____

Manager / Director: _____

Signed: _____

Date: _____

Process to request data from the NCSP/Register

