

National Cervical Screening Programme Policies and Standards

Section 2: Providing National
Cervical Screening Programme
Register Services

Citation: Ministry of Health. 2014. *National Cervical Screening Programme Policies and Standards: Section 2 – Providing National Cervical Screening Programme Register Services*. Wellington: Ministry of Health.

Published in March 2015 by the
National Screening Unit, Ministry of Health
PO Box 5013, Wellington 6145, New Zealand

ISBN 978-0-478-44474-2 (online)
HP 6107

NCSP Policies and Standards are available on the National Screening Unit website:
www.nsu.govt.nz



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In this section

Introduction

This section outlines policies and standards for providing services for the National Cervical Screening Programme (NCSP) Register.

Provision of NCSP Register services encompasses the central NCSP Register's business functions and supporting systems as provided by the Register Central Team (RCT), as well as regional NCSP Register services provided by teams within district health boards (DHBs).

Conventions

Please note the following conventions in this section.

- Policies are mandatory.
- The service provider must comply with all applicable legislation, including:
 - the New Zealand Public Health and Disability Act 2000
 - the Health Act 1956
 - the Privacy Act 1993
 - the Health Information Privacy Code 1994
 - the Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996
 - the Health and Disability Commissioner Act 1994
 - the Health Information Security Framework Essentials and Recommendations 10029.1 (HISO 10029.1)
 - the Health Practitioners Competence Assurance Act 2003
 - the Public Records Act 2005
 - any amendments and revisions to the above.
- Standards are the established measures of performance expressed in terms of time, quantity and quality.
- The term 'woman' in this document refers to a woman who is enrolled in the NCSP.
- 'Health identifiable' data and information is classified as medical-in-confidence according to HISO 10029.1.

Introduction

Overview

The NCSP Register is the national database that holds details of gynaecological cytology, histology and human papillomavirus (HPV) tests and colposcopy information for all women who participate in the NCSP. It is a key management tool for the NCSP and allows the programme to fulfil its role of providing a management system for women enrolled in the NCSP.

All cervical screening test results processed by New Zealand laboratories are sent to the NCSP Register, in accordance with Section 112N of the Health Act 1956. The NCSP Register records the information sent from the laboratories and calculates the next smear test date (recall date) for women based on the woman's smear history and the result of the current smear. The NCSP Register also receives information on any additional specialist treatment required and records it.

The NCSP Register generates correspondence to women, and makes screening history reports and smear taker and health facility reports available to health professionals. Information from the NCSP Register enables the National Screening Unit (NSU) to monitor and evaluate the safety and quality of the Programme and undertake future planning.

NCSP Register functions

The function of the NCSP Register is prescribed under Section 112F(2) of the Health Act 1956. Every result reported to the NCSP from a screening test, or from a diagnostic test, must be accurately recorded on the NCSP Register, if that result relates to a woman enrolled in the NCSP.

Key functions of NCSP Register personnel are to:

- maintain and update participant records in an organised and accurate manner and make information, including screening histories, available to women, smear takers, laboratories and specialists
- track enrolled women with abnormal smears and provide information to health professionals involved in their management
- record and maintain enrolment and withdrawal information. Women are enrolled with the programme upon their first cervical screening test and can withdraw from it by completing a 'Withdraw from the Programme' form
- provide a backup service to smear takers by generating overdue reminder letters at appropriate intervals, and result letters
- provide data for monitoring and evaluation of the programme.

Information collected by the NCSP Register

The following information is collected by the NCSP Register.

Participant:

- full name – current plus any previous names
- National Health Index (NHI) number
- date of birth
- ethnicity – may be multiple
- address (postal/residential)
- history of previous smears
- relevant medical notes, such as estimated date of delivery if pregnant, or diethylstilboestrol (DES)
- participant alerts – for example ‘Do not merge’ or ‘Also known as’.

Results:

- cervical cytology and histology results
- vaginal cytology and histology results
- HPV test results
- specialist referral, visit, did-not-attend (DNA), discharge and treatment data
- medical history related to screening: for example, ‘total hysterectomy’, ‘immunosuppressed’, ‘cervical cancer’ or ‘double cervix’.

Health worker (smear takers and specialists):

- full name
- identification number: NSU identification number and/or Health Practitioner Index or Health Centre Member number for results that are submitted by HL7; alternatively, Medical Council or Nursing Council number
- contact details.

Health facility:

- name
- services provided (for example patient services, cytology testing, colposcopy)
- contact details.

Protection of NCSP data

Purpose

To ensure data recorded on the NCSP Register is protected in accordance with HISO 10029.1, the Health Information Privacy Code and other relevant legislation and regulations.

Policy

NCSP Register data includes:

- all information sent to and collected by the NCSP Register
- NCSP Register outputs (eg, screening histories, reports and letters)
- all communications in relation to NCSP business, including enquiries and complaints
- supporting IT systems.

NCSP Register services must be familiar with and adhere to the requirements of HISO 10029.1.

All data held by the NCSP Register is subject to HISO 10029.1 for managing medical-in-confidence data.

All medical-in-confidence data held on the NCSP Register, including the database, must be secure.

Access to the NCSP Register is restricted to authorised users; this requires computers and any paper information on the Register to be located in a secure environment.

Register services must inform the Ministry of Health of any NCSP information security incidents or data privacy breaches as quickly as possible.

Standard 201: Protection of NCSP data

Standard

Medical-in-confidence data is kept secure at all times.

Target

Services maintain 100 percent compliance with the requirements of HISO10029.1.

Measurement

The following method of measurement is used:

- audit.

See also

- Health Information Security Framework Essentials and Recommendations 10029.1 (available at www.ithealthboard.health.nz)
- the Health Information Privacy Code (available at www.privacy.org.nz)
- the Privacy Act 1993.

Provision of NCSP Register services: structure

Background

The day-to-day operation of the NCSP Register is managed by NCSP Register service providers contracted by the Ministry of Health. These services comprise the RCT and regional NCSP Register services. The RCT manages NCSP Register data centrally. The regional services, based at 13 DHBs, support the maintenance of up-to-date NCSP Register data and the provision of information to women and NCSP providers.

Staffing (RCT)

RCT role

The RCT reports to the NCSP, as specified in its contract with the Ministry of Health.

The RCT is responsible for the management, operation and administration of the NCSP Register.

The RCT's role includes:

- ensuring appropriateness of the data stored in the NCSP Register information system, in conjunction with the Ministry of Health
- monitoring the progress of women through the screening pathway
- providing reports to support the programme
- handling enquiries relating to the screening pathway
- liaising with the NCSP Programme Manager or Clinical Leader to resolve clinical queries as appropriate
- handling enquiries relating to the operation of the NCSP Register
- managing communications in relation to the NCSP Register
- identifying and addressing inconsistencies not captured through the normal operational rules
- managing data issues captured through worklist tasks.

RCT responsibilities

The RCT is responsible for the following NCSP Register functions:

- maintaining participant and provider information
- managing enquiries and correspondence, including generating and reviewing correspondence to women and providing screening history reports to smear takers
- managing records, correspondence and all information regarding referrals, visits, DNAs and discharges from colposcopy services
- ensuring NCSP Register operations are compliant with RCT policies and processes, NCSP Policies and Standards and relevant legislation

- reassigning worklist tasks to, and liaising with, regional NCSP Register services
- providing operational subject-matter expertise (non-clinical) to support NCSP Register users and management
- conducting quality assurance
- providing data to inform monitoring of the NCSP's performance
- responding to queries and providing technical support for NCSP Register users
- addressing data issues or inconsistencies in data on the Register
- providing frontline support for participants, laboratories, colposcopy services and regional service enquiries
- receiving and managing complaints from women or health workers in collaboration with the Ministry of Health, as required
- carrying out centralised functions (eg, withdrawal procedures, merging of participant information, mortality data updates).

The RCT has the following responsibilities in regard to reports:

- generating and distributing reports on a regular basis to smear takers and laboratories
- generating other reports as required by the NCSP for monitoring purposes
- developing and implementing new NCSP Register business processes and reports to support the requirements of the NCSP.

Operation of the RCT

The RCT's core operating hours are Monday to Friday 8.00 am to 4.30 pm (excluding public holidays).

In the event of a disruption to service (including as the result of a natural disaster), the RCT should implement all functions, tools and processes necessary to support the recovery of the NCSP Register information system, in line with the RCT's Business Continuity Plan.

The RCT must notify NCSP Register users of any planned outage of the Register during core operating hours at least five days before the planned outage.

Purpose

To ensure central NCSP Register services are delivered by sufficient numbers of suitably skilled and qualified personnel.

Policy

Staff recruited to the RCT must have appropriate experience and competencies.

Staff must have had appropriate training, to enable them to deliver services to the required quality.

The RCT must maintain a comprehensive staff management plan, containing:

- a staff recruitment/retention plan, including detailed specifications outlining requirements for the staff skill mix

- a detailed induction/orientation plan
- an organised in-house training plan for new and existing staff, including health and safety training.

All staff must receive induction/orientation training.

Standard 202: Management of the NCSP Register by the RCT

Standard

NCSP Register services have appropriate numbers of suitably skilled and qualified personnel.

Target

A comprehensive staff management plan is in place.

- 100 percent of staff complete induction/orientation training.
- Register services keep 100 percent of records of staff participation in and completion of training.

Measurement

The following method of measurement is used:

- audit.

See also

- Register Core Competencies Checklist
- Standard 215: Quality of services.

Staffing (regional services)

Standard 203: Management of the NCSP Register by regional services

Standard

Regional NCSP Register services have appropriate policies, procedures and systems in place to ensure they deliver services to the NCSP and its providers in accordance with relevant legislation, NCSP Policies and Standards and accepted professional and/or sector standards. These policies, procedures and systems are formally documented, and services monitor and measure the delivery of services against NCSP Policies and Standards and agreed service levels.

Target

- Policies and procedures are in place
- Regional NCSP Register services complete annual performance audits.

Measurement

The following method of measurement is used:

- audit.

Regional NCSP Register services role

Regional NCSP Register services are responsible for the following tasks:

- maintaining and updating participant information and NCSP provider information on the NCSP Register
- resolving worklist tasks allocated by the RCT, and where applicable referring worklist tasks to the RCT or other regional services for resolution
- managing enquiries about the NCSP
- liaising with the NCSP Clinical Leader to resolve clinical queries as appropriate
- manually creating screening histories and providing them to smear takers and colposcopy services when requested
- providing information and advice to help the health sector maintain and increase the participation of priority women in the NCSP
- working with private and DHB colposcopy services to find missing data and resolve queries
- providing reports to smear takers and providers as requested (eg, on the quality of smears)
- providing monitoring reports to the NCSP
- conducting quality assurance
- supporting data matching
- liaising with the RCT on other tasks and activities as required.

Recording cytology, histology and HPV test result information

Purpose

To ensure all test result data received by NCSP Register is accurately recorded on the NCSP Register, including where manual intervention is required.

Note that in accordance with Section 112N of the Health Act 1956, processing laboratories in New Zealand must send all cervical screening test results to the NCSP Register.

Policy

Register services must accurately record on the NCSP Register all cytology, histology and HPV test result information for NCSP participants, including exceptions that require manual intervention, in a timely manner.

Standard 204: Resolution of rejected results with exceptions

Standards and targets

Register services resolve 95 percent of exceptions that require manual intervention for cytology, histology and HPV test results and record the result on the NCSP Register within five working days of receipt of the result.

Register services resolve 100 percent of exceptions that require manual intervention for cytology, histology and HPV test results, and record the result on the NCSP Register within 10 working days of receipt of the result.

Register services report 95 percent of register-generated laboratory-rejected results to laboratories within five working days.

Register services request from laboratories 100 percent of results reported to the RCT as missing from the NCSP Register within 20 working days.

Register services report to laboratories 100 percent of recommendation mismatches generated from the Register within five working days.

Register services report to laboratories 100 percent of incorrectly coded results posted to the Register within 20 working days.

Register services request from laboratories 100 percent of missing cytology/histology data identified by the RCT within five working days.

Measurement

The following method of measurement is used:

- audit.

Recording colposcopy data

Purpose

To ensure all colposcopy data received by the NCSP Register (by electronic transmission or on paper-based forms) is accurately recorded on the NCSP Register, including where manual intervention is required.

To work with Colposcopy Clinics that are sending electronic messaging, by providing advice and assistance with technical information and supporting documentation. To ensure collection of colposcopy data and resolution of Register related technical issues

Policy

Register services must accurately record on the NCSP Register all colposcopy referral, visit and DNA forms for NCSP participants, including exceptions that require manual intervention, in a timely manner.

Standard 205: Recording colposcopy data

Standards and targets

Register services resolve 95 percent of exceptions that require manual intervention or colposcopy referral, visit and DNA data, and record the event on the NCSP Register within five working days of receipt of the event.

Register services resolve 100 percent of exceptions that require manual intervention for colposcopy referral, visit and DNA data, and record the event on the NCSP Register within 10 working days of receipt of the event.

Register services report 95 percent of register-generated rejected messages to colposcopy services within five working days.

Register services request 100 percent of incomplete data sent to the RCT from colposcopy services within 10 working days.

Register services request 100 percent of missing referral and visit data identified by the RCT from colposcopy services within 10 working days.

Measurement

The following method of measurement is used:

- audit.

Maintaining women's details

Purpose

To ensure that Regional NCSP Register Services accurately maintain and update participant information and NCSP provider information on the NCSP Register.

Ensuring a woman's demographic information is correct is an important component in monitoring her management.

Policy

Regional NCSP Register services will use DHB patient management systems and/or information collected by women's health providers to confirm and clarify women's demographic and clinical information where appropriate.

Register services should accurately maintain women's details on the NCSP Register.

Standard 206: Accurate maintenance of women's details

Standard

Register services carefully maintain women's details on the NCSP Register.

Target

Register services record 100 percent of alterations to women's details accurately.

Measurement

The following method of measurement is used:

- audit.

See also

Standard 215: Quality of data on the NCSP Register.

Tracking and monitoring of NCSP participants

Purpose

To ensure that each woman's next expected event and the date at which it should take place is efficiently monitored and tracked. Efficient tracking along the NCSP screening pathway allows for adequate back-up from the NCSP.

NCSP Register Services should monitor and follow up women enrolled in the NCSP in accordance with the NCSP Policies and Standards and NSU's *Guidelines for Cervical Screening in New Zealand* (2008) (and its updates and revisions).

Policy

The NCSP Register must be designed to accurately identify and track each woman enrolled on the NCSP Register to determine her next expected event and the date that it should take place, according to the NSU's *Guidelines for Cervical Screening in New Zealand* (and its updates and revisions).

Register services must generate overdue reminder letters (not more than two) and send them to a woman when the Register expects but does not receive a cytology test result, in accordance with agreed business rules.

Register services must generate standard reports to act as a back-up to health facilities' own systems for recalling and managing women for screening and must make these reports available to smear takers in accordance with Standard 213.

The NCSP Register must automatically generate worklist tasks to notify the RCT of expired events for participants who are under specialist care.

Where visit information has indicated that histology has been undertaken for a particular woman and the Register has received no results, Register services should follow up the issue with the woman's health practitioner.

Standard 207: Recording abnormal results and ensuring follow-up

Standard

Register services contact practitioners whenever visit information indicates that histology has been undertaken but no results have been received.

Target

Register services contact 100 percent of practitioners when visit information indicates that histology has been undertaken but no results have been received.

Measurement

The following methods of measurement are used:

- number of expired tracking worklist tasks resolved
- audit.

See also

- *NSU Guidelines for Cervical Screening in New Zealand* (and its updates and revisions)
- Standard 212: Letters sent from the NCSP Register
- Standard 213: NCSP Register standard reports.

Access to information held on the NCSP Register

Purpose

To ensure information held by the NCSP Register is only available to authorised users and operators.

Policy

Information held on the NCSP Register identifying an individual woman may only be disclosed to or accessed by authorised persons, in accordance with Part 4A of the Health Act 1956.

Standard 208: Access to information held on the NCSP Register

Standard

Information held on the NCSP Register identifying an individual woman is only to be disclosed or accessed:

- by authorised Register services users
- to, or authorised by, individual women
- for further treatment or management of individual women
- to a screening programme evaluator (see Section 112ZE of the Health Act 1956).

Target

No NCSP Register information is available to unauthorised persons.

Measurement

The following methods of measurement are used:

- monthly reporting via the complaints monitoring system
- audit.

See also

- Part 4A of the Health Act 1956 particularly Section 112J
- HISO 10029.1.

Telephone communication policy

Purpose

To ensure that telephone calls are managed consistently and professionally.

Policy

Telephone calls must be managed in accordance with agreed protocols.

NCSP Register services must:

- answer and respond to telephone enquiries
- verify the caller's identity
 - if a participant, by checking name, date of birth and address
 - if a health worker, by checking name and smear taker ID, or contact details for the health facility they are calling from
- never provide information to a caller whose identity has not been verified
- refer callers to the most appropriate person, if the enquiry is outside the scope of their role
- advise any woman who wishes to discuss her results or requires other clinical information to contact their own smear taker
- accurately record on the NCSP Register all phone calls and requests from women to change address details or demographic information, or any other query
- only communicate clinical information to health professionals, women and others that comes from information included in the NCSP pamphlets and resources.

Standard 209: Handling telephone calls

Standard

Register services manage all telephone calls in a consistent and appropriate manner, in accordance with agreed telephone protocols.

Register services answer inbound 0800 phone calls during core business hours.

Target

Register services answer 90 percent of calls to 0800 numbers within core business hours.

Register services record 100 percent of changes where a phone call is regarding a change to a woman's details.

Measurement

The following methods of measurement are used:

- number of answered/unanswered calls
- audit of complaints received.

Written communication policy

Purpose (RCT)

To ensure that written information distributed by the RCT is accurate, reliable and distributed in a timely manner.

Policy (RCT)

The NCSP Programme Manager must approve the content of NCSP Register standard letters.

Any information Register services provides must conform with NCSP Policies and Standards for the management of requests for information. Written enquiries of a clinical nature should be forwarded to the NCSP Clinical Leader.

An RCT team leader or a quality assurance coordinator must oversee all responses to written enquiries from a smear taker, a woman participating in the programme, or any other person. Register services should respond to such enquiries within five working days.

The RCT team leader, the quality assurance coordinator or the relevant programme manager/clinical leader must approve 'one-off' or non-standard letters.

RCT should distribute NCSP pamphlets, resources and information with letters where appropriate.

RCT may use information from women's letters and emails identifying change of details to update the NCSP Register.

RCT must not release information requested by an unverified/unauthorised party. Where a request is from a third party (for instance, an insurance company), Register services should advise the party that participant women may request the information on their behalf and forward it to them, or may authorise Register services to provide it directly to the third party.

Purpose (Regional NCSP Register services)

To ensure that Regional NCSP Register services:

- provide timely and consistent written information
- maintain an accurate and consistent record of written communications.

Policy (Regional NCSP Register services)

Regional NCSP Register services must provide any clinical information only in accordance with the relevant DHB protocols and NCSP Policies and Standards for the management of requests for clinical advice.

Responses to written enquiries of a clinical nature; these must be handled by a registered health professional, such as a nurse, or clinical advisor or forwarded to the NCSP Clinical Leader.

The NCSP Register Coordinator must oversee all responses to written enquiries from a smear taker, a woman participating in the programme, or any other person. Register services should respond to such enquiries within five working days.

Regional NCSP Register services should:

- distribute NCSP pamphlets, resources and information with letters where appropriate
- use information from women's written communication identifying change of details to update the register and file this communication in the Regional NCSP Register services filing system
- use information supplied by health providers to update women's information on the Register, and file such communications in the regional NCSP Register services filing system
- forward all clinical correspondence relating to women's cervical history to the RCT for scanning into women's records and filing.

Standard 210: Handling written communications

Standard

Register services deal with all written communications in a consistent and appropriate manner.

Register services implement written communication protocols.

Register services keep accurate records.

Target

Register services keep 100 percent of records for written communication.

Register services respond to 95 percent of written enquiries within five working days and respond to the remaining 5 percent within 20 working days or provide a progress update if unable to respond within this timeframe.

Measurement

The following method of measurement is used:

- audit.

See also

- DHB protocols for the management of requests for clinical advice.

Escalation of complaints, issues or queries by regional services and the RCT

Purpose

To ensure that any complaint, issue or query regarding the NCSP is escalated, as appropriate, to the NCSP Programme Manager.

Policy

Register services will escalate any complaint, issue or query regarding the programme that is outside their scope of service.

Register services must escalate such issues to the NCSP Programme Manager under the following circumstances:

- the complaint, issue or query has been received from the media
- the complaint, issue or query is in relation to a breach of privacy
- the complaint, issue or query requires a policy decision
- the complaint, issue or query requires escalation to facilitate resolution.

Register services must escalate a clinical issue or query to the NCSP Clinical Leader under the following circumstances:

- the issue or query requires detailed clinical knowledge to enable resolution
- the issue or query requires NCSP clinical advice or oversight.

Register services must accurately capture all escalated issues in an issues log, noting details including who received the complaint and when and how it was followed up.

Standard 211: Escalation of complaints, issues or queries

Standard

Register services (centrally and regionally) escalate any complaint, issue or query regarding the NCSP to either the NCSP Programme Manager or the NCSP Clinical Leader, as appropriate.

Register services respond to complaints within 20 working days.

Target

A process is in place to deal with escalation of complaints, issues or queries.

Register services respond to 100 percent of complaints within 20 working days.

Register services provide complainants with an update if they are unable to resolve a complaint within 20 working days.

Measurement

The following methods of measurement are used:

- audit
- monthly reporting through the complaints management system
- monthly service delivery reports by the RCT
- six-monthly reports to the NCSP by regional Register services.

Letters sent from the NCSP Register

Purpose

To ensure that women receive appropriate communications in the form of letters from the NCSP as agreed in the business rules.

Policy

Register services must generate NCSP Register standard letters and send them from the NCSP Register via the approved distribution process, and in accordance with the agreed business rules.

The content of such letters, along with inserts, timeframes and other additional criteria associated with letters, must be in line with the agreed business rules.

Letters are based on laboratory recommendations, women's screening histories and relevant clinical information.

The main types of standard letters sent to women are:

- initial result letters
- result and recommendation letters
- overdue reminders
- letters to women who no longer require cervical smear tests
- letters to women who no longer wish to have smears
- withdrawal communications.

Standard 212: Letters sent from the NCSP Register

Standard

Register services send letters to women in accordance with the agreed business rules.

Target

Register services send 100 percent of letters to women in accordance with the agreed business rules.

Measurement

The following method of measurement is used:

- audit.

NCSP Register reports

Purpose

To ensure NCSP standard reports are available to smear takers and laboratories, as required by Part 4A of the Health Act 1956.

Policy

The RCT will generate and distribute standard reports to provide data to smear takers and laboratories.

The current approved report distribution process is physical post. If Register services wish to send reports electronically, they should apply appropriate security protection controls.

If a health facility requests not to receive these reports, Register services should cease sending them to that facility. The health facility is able at any time to request that they receive the reports again.

Details

The following reports must be available to health professionals:

Report	Description	Sent to	Frequency
Overdue smears report	Provides smear takers with information to follow up on participants who are overdue for a smear test. Information displayed on the report is grouped by health worker and shows participants who are up to 90 days overdue at the report date	Health facilities	Monthly
Smear taker recall report	Provides health facilities with information on participants who are due to be recalled for smear tests in the future	Health facilities	Monthly
Quality of smears report	Provides information to smear takers on the number and adequacy of smears they have taken during the reporting period	Smear takers	Six-monthly
Cytology/histology 42-month look-back report	Correlates cytology and histology results read by laboratories	Laboratories	Monthly

Standard 213: NCSP Register standard reports

Standard

Register services distribute reports according to the above schedule.

Target

Register services distribute 100 percent of requested reports within agreed timeframes.

Measurement

The following methods of measurement are used:

- monthly reporting (RCT only)
- audit.

Screening histories

Purpose

To ensure data on women's cytology, histology, HPV test results and visits to a colposcopist is available to smear takers, laboratories and colposcopy services.

A woman's screening history report lists all this data and assists smear takers, laboratories and colposcopy services to determine recommendations and management in accordance with NCSP *Guidelines for Cervical Screening in New Zealand* (and its updates and revisions).

Such reports reflect information recorded on the NCSP Register.

Policy

On receipt of a request for a screening history report from a verified source (smear takers, colposcopy clinics and participants), Register services must provide a screening history report.

Register services must respond within the approved timeframe.

Laboratories must use online screening histories to access screening history reports electronically from the NCSP Register.

Standard 214: Distributing screening history reports

Standard

Register services provide screening history reports to smear takers or colposcopists within four working hours, and promptly deal with all requests for verbal screening histories.

Target

Register services provide 95 percent of requested screening histories within four working hours.

Register services provide 100 percent of requested screening histories within eight working hours.

Measurement

The following methods of measurement are used for requests for immediate screening histories:

- the time screening history report requests were received (within normal working hours) compared to the time they were delivered (by fax or other secure electronic means)
- audit.

Quality assurance

Purpose

Quality control of NCSP Register data and service provision is essential to ensure NCSP services deliver the highest possible quality of service in accordance with legislation and any contractual agreements.

Policy

Register services must perform quality assurance to ensure that all services are provided to a high standard. This is to ensure that the accuracy of the data entered into the NCSP Register by the Register service, the availability of the NCSP Register, the privacy of information and other agreed deliverables meet approved service levels.

Register services must have high-quality, accurate systems in place for validating and checking data entered by the Register service and held on the NCSP Register.

Register services must have satisfactory internal systems (including a schedule of when audits are to take place) and processes in place to enable quality control and quality improvement.

Standard 215: Quality of services

Standard

Register services provide services in accordance with the approved service levels.

Data entered to the NCSP Register by the Register Service is appropriate and is checked according to the Register service's audit schedule.

Target

Register services correct 100 percent of errors identified by data integrity checks.

Measurement

The following methods of measurement are used:

- monthly reporting (RCT only)
- audit.

Records management

Purpose

To ensure that management of NCSP Register records meets legislative and accepted professional and/or sector standards.

Policy

‘Records’ means:

- all written and electronically stored material
- all records and information held by services, or on behalf of services, or by their employees (including financial, administrative and health-related records and information)

that are relevant to the provision of NCSP Register services or the condition and maintenance of the sites, supplies and equipment used for providing NCSP Register services.

Register services must properly archive all records and ensure they are readily accessible.

Register services must ensure that appropriate back-up and disaster recovery procedures are in place to protect against loss of information, and they must have a readily accessible records management plan in place.

Standard 216: Records management

Standard

Register services maintain all records in respect of the NCSP Register for a minimum period of 20 years from the date on which the RCT receives the information, or for such longer period as may otherwise be required by law or by any other relevant body.

The NCSP Register Service provider has an accessible records management plan in place.

Target

Register services keep 100 percent of records for a minimum period of 20 years.

Register services maintain an accessible records management plan.

Measurement

The following method of measurement is used:

- audit.

See also

The NSU’s records management policy.

Disposal of medical-in-confidence data and information

Purpose

To ensure disposal of medical-in-confidence data and information is carried out in an appropriate manner.

Policy

Register services must dispose of health information relating to individual women that is no longer required either by the individual woman, the RCT or regional services and that may be disposed of in a manner that ensures its confidentiality and meets the retention and disposal authority agreed by the NSU.

Standard 217: Disposing of medical-in-confidence data

Standard

Register services dispose of all paper-based, confidential and medical-in-confidence data and health information relating to individual women if it is no longer required either by the individual woman or the Register service, and may be disposed of, in a manner that ensures its confidentiality.

Details

- All paper-based, confidential and medical-in-confidence data and information must be destroyed.
- Register services provide separate bins for the secure destruction of confidential and medical-in-confidence data and information.
- Register services make all reasonable endeavours to remove electronic data relating to individual women is from the NCSP Register in a timely manner.
- Where a woman withdraws from the NCSP Register, Register services should keep her identifying information so that any subsequent results are not added and delete all other information.
- Where computerised records are to be destroyed, Register services must render them unreadable and convert them in a manner so that their reconstruction in whole or part is unlikely.

Target

Register services dispose of 100 percent of health information that is no longer required in the manner described in 'Details' above.

Measurement

The following method of measurement is used:

- audit.

Glossary

Term	Description
Abnormal smear	A smear test where the results show abnormal changes to cells in the cervix.
Business rules	Operational rules for the RCT that are documented and agreed with the Ministry of Health.
Colposcopist	A health practitioner who performs colposcopies.
Colposcopy	A diagnostic procedure using a colposcope to examine an illuminated, magnified view of the cervix.
Complaints monitoring system	A system to record, respond to and monitor complaints.
Cytology	The study of cells.
Data matching	Matching data from more than one source, to inform and improve service delivery.
Diagnostic test	A test to provide information that aids in the making of a determination of the nature or severity of a disease.
Did not attend	An occasion upon which a person does not attend a scheduled or booked appointment.
Event	Any screening test, result or appointment that results in information being recorded on the NCSP Register.
Exception	Messages for cytology, histology, HPV and colposcopy events that do not post to the Register automatically generate a worklist task that requires manual intervention.
Health practitioner	A person who provides cervical screening services, including smear takers (doctors and nurses), laboratory scientists, pathologists, colposcopists and colposcopy nurses.
Histology	The study of tissue.
Human papillomavirus (HPV)	A virus that can cause cervical cancer, that is tested for in some clinical situations in the NCSP.
Medical-in-confidence data	Confidential personal health data for the purposes of HISO.
Regional services	Regional Register services provided by DHBs.
Register Central Team	The organisation that provides centralised services for the NCSP Register.
Screening history report	A report that outlines the screening history of an individual woman.
Screening pathway	A series of events that happens as part of cervical screening. This includes cervical smears (routine and follow-up), laboratory analysis and colposcopy diagnosis and treatment.
Screening test	A test used in a population to identify a disease in individuals without signs or symptoms.
Smear	A screening test to find abnormal changes in the cells of the cervix.
Smear taker	A health practitioner who performs cervical smear tests.
Withdrawal	A woman can choose to withdraw from the NCSP and have her details (apart from background information) removed from the Register. A woman who has withdrawn can continue to have cervical smears, and can re-enrol at any time.
Worklist task	A task that is created electronically by the Register to resolve an error or manage an overdue event.