Guidance on the PHO Cervical Screening Data Match Report
Updated February 2016

Introduction

Practices use their own recall lists, however these can sometimes miss eligible women. Practices have found complete data match lists useful for identifying women who have 'fallen through the gaps', been screened elsewhere, or who no longer need to have smears.

How does the report work?

The Data Match Report matches data between the PHO and NCSP Registers, and is a tool to support practices with recall.

Instructions for, and caveats to using the report

Reconciling the report against the PHO Register

The report is new and has been through a number of iterations. It will continue to be refined in an on-going way.

NOTE: The Ministry does not have full control over the accuracy of the information in the two data sources. The report *does not* replace the practice / smear taker's responsibility for recall as it excludes women not enrolled in the PHO, and data mis-matches can occur, for example:

- An NHI was not provided, or the NHI was invalid when the PHO Register was submitted
- The PHO had corrected a non-master NHI to a master NHI after the PHO Register was submitted
- Other complex issues which prevent a match from occurring

When the file is received PHOs are asked to reconcile it against the PHO Register and inform practices of any women excluded.

When comparing the report against the PHO Register the following rules should be followed:

1. Women must be aged 20-69 years at the start of the month
2. Women must have been enrolled in the PHO at the start of the quarter

Availability of the report and timeliness of the results

The report comes from the NCSP Datamart. The Datamart is refreshed each weekend and contains screening information up to the Friday before it is run. It takes time for cytology results to be reported. Depending on the laboratory, most results are posted between 6 and 16 days (under the NCSP standards laboratories are required to send 98% of cytology results to the NCSP Register within 16 working days). There is some variation in reporting between these timeframes.

The NCSP plans to post the report on the secure File Transfer Process (FTP) Server at the MoH on approximately the third week of each month to allow up to 16 working days for the majority of results to be posted on the Register. The exact date will vary due to the start of the month and when the report is run. PHO (or Management Service Organisation) staff authorised to access the file will be notified when the report has been loaded.

Provision of a report at this time provides reassurance that most results from the previous month will be available. The sooner the report is shared with practices, the more up-to-date the data will be.

Data fields

Table One – Description of fields in the flat file

	Data field	Commentary
1	Quarter_Start	
2	PHO_ID	
3	Practice_ID	
4	Practice_Name	
5	NHI_Number	The 'Live' (latest Master) NHI available for the Health Care User, when a valid NHI Number is supplied at enrolment.
6	PHO_Submit_NHI_Number	The NHI Number recorded on the PHO Enrolment Register, for the Health Care User, for the specified Quarter.
7	Birth_Date	
8	Ethnicity_1	This is the ethnicity recorded on the PHO Register
9	Ethnicity_2	
10	Ethnicity_3	
11	Last_Screen	Date of the last screening event on the Register based on the specimen taken (refer to Event type below).
12	Screened_This_Quarter	This will be populated if the woman is screened in the subsequent months of the current quarter. **NB Practices may find this field is not needed now that the full screening status of women enrolled in the PHO is available in the report.**
13	Enrolment_Status	Enrolled, Withdrawn or Null (i.e. no screen recorded on the NCSP.
14	Event_Type	The last screening result type: 1. Cytology 2. An HPV test 3. Histology (from colposcopy) 4. Null (where a woman is not enrolled with NCSP) If there is more than one event on the same day, only one event will be reported in the file. The default is (1) unless there has been an HPV test (2), or a histology specimen taken (3), the latter of which takes precedence.
15	Location_of_Last_Screen	The practice or other facility where the last screening event was undertaken.

16	CMI (Clinical Management Indicator)	Clinical prioritisation based on the smear history:
		1. High (High grade)
		    o Includes HSIL, CIN2/3,ASC-H
		2. Low (Low grade)
		    o Includes CIN1 and ASC-US
		3. Unknown (usually because the smear was unsatisfactory)
		4. Negative ("Normal")
		5. Null (i.e. no CMI). Women in this category will also have no due date, meaning they are not on the NCSP Register.

17	Next_Due_Date	Date that the next event is/was due (if any) A CMI with no due date means that 'tracking' has been turned off.
18	Withdrawal_Date**	This field provides the date a woman has formally withdrawn from the NCSP. If this occurs any clinical information is removed from the Register. Note women in this category may still need to be recalled for a cervical smear.
19	Quintile	

**Note regarding women who withdrew from the NCSP prior to 2005

When women choose to withdraw from the Programme, since 2005 all clinical information has been removed from the Register. The data match process has highlighted that a small number of women who are identified as having withdrawn from the NCSP have clinical information showing in this report. This relates to the period prior to 2005 when the 'Opt Off' process was in place, and before the NCSP legislation came into effect which made withdrawing from the Programme a formal process.

Contact the Register Central Team on 0800 50 60 50 for any queries regarding women in this situation.

Recommendations for using the file

The report can be sorted by practice and sent to each Practice Manager. Alternately, the PHO can sort and filter the file for each practice.

A sample spreadsheet (Appendix Four) provides advice on how to use and interpret the report. This may be helpful for staff who are not familiar with spreadsheets or filtering.

The following should be prioritised:

FIELD		Field	Order of priority	Rationale
CMI – NULL	**AND**	Due date - NULL	These are primarily eligible women that have never been screened (in NZ) and are not on the NCSP-Register[1].	Coverage is defined by the NCSP as **women who have had a cervical smear in the last 3 years.** Undertaking smears within this period will improve coverage.
CMI sorted by • High • Low • Unknown • Negative • **Null** (*if you choose to not sort this separately as per above*)	**AND**	Due date sorted by the oldest to the most recent	These women are overdue and it is a priority to screen them, particularly women with a high grade history.	

Further re-formatting

PHOs can undertake further re-formatting, for example:
- Including the woman's name
- Adding a column for practice comments
- Adding a column for practice feedback to the NCSP Register
- Prioritising the ethnicities provided
- Adding a legend at the top for the Ethnicity and CMI Code (refer to Appendix Two)
- Adding a column to indicate years overdue as a visual prompt for 'overdueness' (i.e. calculating the difference between the date due and the date of the report)
- Providing practices with a list of women screened elsewhere (by filtering the field 'Location of Last Screen')
- Highlighting women in the list who are not enrolled on the NCSP Register (i.e. those with no CMI and no due date) and emphasising the need to provide follow up, as appropriate

Optional formatting
- Adding a column for funding eligibility (e.g. to indicate if the woman is eligible for SIA or other DHB funding)
- Providing a summary count for the practice of the number of women in each clinical priority group who need to be screened

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[1] This assumes the woman has not chosen to 'opt off' the NCSP-Register.

Advice to Practices

1. Remind practices that:
   - The provision of a report on approximately the third week of the month provides 16 working days for the majority of results to be posted on the Register. This provides reassurance that most results from the previous month are available.
   - Women who enrol in the PHO during the quarter do not appear on the report until the next quarter.
   - Women registered with the practice, but not enrolled in the PHO do not appear on this report, for example women not eligible for publicly-funded services.
2. Provide contact information for the DHB/Regional NCSP-Register Coordinator and relevant PHO analyst(s) so practice staff can make contact if they have queries, or if information in the file is incorrect. **Refer to Appendix One for a list of NCSP Register Coordinators.**

Understanding the fields in the report

Hysterectomy information is not provided in the file as it is potentially incomplete[2].

In general, the simple rule of recalling women with a CMI a current or past due date will assist with recall. However, it is possible that women are included in the report who don't need further screening, for example women with a hysterectomy for benign reasons and this has not been notified to the NCSP Register. **Appendix Three** explains the process of advising the Register of this.

Table Two – Interpretation of the fields in the report

Field	Interpretation	Comment
NHI (two columns)	Refer to Table One, pg 1	The first column is the 'live' NHI; the second column is information supplied and validated for the PHO Register for the quarter.
The Enrolment Status field is 'Null' (plus no CMI and no due date)	These women are not enrolled in the NCSP-Register.	Practices are asked to follow up women not enrolled in the NCSP Register and check on the need for screening. Note – In some instances women don't need to be on the Register, for example women who had a hysterectomy for benign reasons overseas, or who had the operation prior to 1990 when the NCSP Register was not operational. It is inappropriate to put these women on the Register to annotate the need for no further screening as this will trigger enrolment processes. These women will continue to show up in the monthly data match list, and so practices need to keep a record of them for future reference.

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[2] Prior to October 2013 procedure type codes were not always included in the hysterectomy result sent to the Register by laboratories (this field updated the woman's tracking status). Therefore, if practices did not advise the NCSP Register about these women not needing a smear they may have remained 'active on the Register. Going forward, there should be much less need for practices to inform NCSP Register staff about women who have had a total hysterectomy, as laboratories now routinely send histology with procedure type codes to the Register.

Field	Interpretation	Comment
The CMI is listed, but there is 'Null' in the due date field	If the woman has a CMI and no due date, this means that 'tracking' has been turned off on the Register. Reasons include: • Total hysterectomy and no further smears required • Gone overseas • Serious illness and further screening is not indicated • Declining all further screening • Referred to secondary care services / colposcopy	Practices are asked to contact the DHB/Regional NCSP-Register Team if this information is incorrect. *Notes* 1. Women return to active screening with a due date once they are discharged from secondary care / colposcopy services. 2. By undertaking a cervical smear, tracking on the NCSP Register is automatically reinstated.
The CMI and a due date are listed	If the woman has a CMI and a due date, the records on the NCSP Register indicate the woman is 'active' and requires further screening.	<u>What to do if practice staff identify women in the report who don't need further screening</u> Practice staff routinely advise local NCSP Register staff of women who don't need to be recalled, or their circumstances have changed. There may be some 'cleaning up' activity to update the NCSP Register staff when the new data match lists are used at a practice level. If practices work through the data match lists and update the local NCSP Register Team as appropriate, then these women will not appear on the monthly lists as overdue. <u>Women with a hysterectomy</u> A common reason for some women incorrectly remaining 'active' in the NCSP Register is women who have had a total hysterectomy for benign reasons and this has not been notified to the Register. Local NCSP Register Coordinators would be happy to work with you to update this information. **Refer to Appendix Three for further information.** Note that going forward, there should be much less need for practices to inform NCSP Register staff about women who have had a total hysterectomy, as laboratories now routinely send histology with procedure type codes to the Register.
Enrolment Status field - 'Withdrawn'	When women withdraw from the Programme all clinical information is removed.	It is best practice to continue to revisit the conversation of screening with women who have withdrawn from the NCSP Register, and check on the need for re-enrolling in the programme, as appropriate. **Refer also to the note on page 2.**
Patient ENROLLED, but no due date		This means that no results have been recorded on the NCSP Register, or this is a synopsis result (incomplete information).

> *Follow the simple rule of:*
> 1. *Recalling women with a CMI, and a current or past due date*
> 2. *Recalling women with no CMI and no due date (i.e. not on the Register)*
>
> *Contact*
> *Contact the DHB/Regional NCSP-Register Team if the information provided in the file is incorrect.*

The process of informing the NCSP Register Team about women who don't need further screening

There are several situations where women need to have 'tracking turned off' in the NCSP-Register so they are not recalled:

Situation	Action
A serious illness or disability, and screening is no longer indicated	Contact the NCSP Register Team
Gone overseas	
Women advise they are declining all further screening	
Total hysterectomy for benign reasons	Refer to **Appendix Three.**
Referred to secondary care services / colposcopy	No action is needed. Women return to active screening once they are discharged from secondary care services.

Inform the NCSP Register Team about other changes in status

The NCSP Register is a back up to GP recall systems, and reminder letters are sent to women who are overdue. It is therefore important the Register is updated with changes of address, or if women have moved to a new GP.

An additional column in the spreadsheet labelled 'Comments to the NCSP Register' can be used to inform the NCSP Register Team about changes in status. Alternately, practices could consider using a 'Change in Status' sheet which captures this information and is faxed intermittently to the NCSP Register team.

Who to contact if you have queries

DHB/Regional Register Coordinators have access to this report. They can work with you to 'clean up' the report, for example women on the list who may need 'tracking' to be turned off.

Appendix One provides a list of DHB/Regional Register Coordinators.

Appendix One –NCSP Register Coordinators

NCSP Register Coordinators

DHB	PHONE	FAX	EMAIL
Northland DHB	09 470 0575 Ext 60589	09 430 4492	eileen.aukett@northlanddhb.org.nz
Auckland DHB			
Waitemata DHB	09 630 9943 Ext 27827	0800 500 513	hadire@adhb.govt.nz
Counties Manukau DHB			
Waikato DHB	07 834 3631	07 8343694	Karen.Stockman@waikatodhb.health.nz
Bay of Plenty DHB	07 577 3780	07 578 7095	Lynne.Dobbs@bopdhb.govt.nz
Lakes DHB			
Tairawhiti DHB	06 869 2094	06 869 2091	missie.winiata@tdh.org.nz
Taranaki DHB	06 753 7702	06 753 7834	robyn.maxwell@tdhb.org.nz
Hawke's Bay DHB	06 834 1877	06 878 1693	Annette.Davis@hawkesbaydhb.govt.nz
MidCentral DHB			
Whanganui DHB	06 350 8922	06 350 8039	tina.montgomerie@midcentraldhb.govt.nz
Capital & Coast DHB	0800 729 729		
Hutt Valley DHB	04 587 2581 DDI	04 570 9012	Robyn.Fox@huttvalleydhb.org.nz
Wairarapa DHB	04 570 9223 (Main Line)		
Nelson Marlborough DHB	03 543 7905	03 544 6587	belinda.pattinson@nmdhb.govt.nz
West Coast DHB	03 768 0499 Ext 2853	03 768 2793	lisa.teasdale@westcoastdhb.health.nz
Canterbury DHB	03 375 6390	03 355 0521	vivienne.back@screensouth.nz
South Canterbury DHB			
Southern DHB	03 476 9849	03 476 9859	jan.patterson@southerndhb.govt.nz

Appendix Two – Suggested information on the spreadsheet

1. Contact details of the DHB / Regional Coordinator
2. Contact details of the PHO analyst
3. A legend for CMI categories and the Ethnicity Codes

CMI Categories

High	High grade smear
Low	Low grade smear
Unknown	Usually unknown because the smear was unsatisfactory
Negative	Normal
Null	Women with a 'null' CMI are not on the NCSP Register. They will also have no due date.

Level 2 Ethnicity Codes

10 – European NFD
11 – NZ European
12 – Other European
21 – Māori
30 – Pacific Island –NFD
31 – Samoan
32 – Cook Island Māori
33 – Tongan
34 – Niuean
35 – Tokelauan
36 – Fijian
37 – Other Pacific peoples
40 – Asian NFD
41 – Southeast Asian
42 – Chinese
43 – Indian
44 – Other Asian
51 – Middle Eastern
52 – Latin American/ Hispanic
53 – African
61 – Other
94 – Don't know
95 – Refused to answer
97 – Response unidentifiable
99 – Not stated

Appendix Three

The process of updating information on the NCSP Register for women who have had a hysterectomy for benign reasons

In the past, many practice staff have informed local NCSP Register staff about women with a hysterectomy who do not require further screening. One way of identifying these women has been when they have appeared as due or overdue on the NCSP Overdue Cervical Smear and Smear Taker Recall Reports, and practice staff know this is incorrect.

The process of updating the NCSP Register about women with a total hysterectomy who don't need further screening cannot be done verbally. It involves the NCSP Register Central Team being satisfied through clinical information that:
1. The operation was a total hysterectomy (not a sub-total hysterectomy with all or part of the cervix remaining)
2. The cervical histology component of the hysterectomy was negative; AND
3. The woman has either a screening history with no previous evidence of cervical abnormalities, or has returned to a negative current management indicator (CMI)

All NCSP Register Coordinators have access to DHB laboratory data. If the hysterectomy was undertaken in a public hospital they can search for this information to save practices time. They can also follow up laboratory information on hysterectomies undertaken in a private hospital by asking the Register Central Team to obtain the information from community laboratories, as required.

Practices are invited to send Register Coordinators information on women with a hysterectomy who no longer need screening in the following ways:
a) Providing the appropriate clinical information to the Register Coordinator (if a copy of the histology report or other supporting information is easily accessible).
b) Providing the name, NHI and DOB to DHB Register Coordinators, noting the year and place of the hysterectomy, and they will initiate the necessary investigative work.
   - Practices may be able to use a search function in the PMS to identify women with a hysterectomy (e.g. Outcome Codes on MedTech32), and cross check with the data match report to identify if they appear as overdue for a cervical smear[3].

Despite best efforts, this information may still not be available, for example, if there is a time limit on the storage of information at the laboratory. If this is the case, practices will be asked to search their patient files for this.

> Note – Going forward, there should be much less need for practices to inform the NCSP Register Team about women who have had a total hysterectomy, as laboratories now routinely send histology with procedure type codes to the NCSP Register[4].

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[3] Women still 'active' on the NCSP-Register will show on the data match report as having a CMI (Current Management Indicator) and a due date; women with tracking turned off will have a CMI and no due date.

[4] Prior to October 2013 procedure type codes were not always included in the hysterectomy result sent to the Register by laboratories (this field updated the woman's tracking status). This has now changed.

Appendix Four: "Data Match 101" - Sample report to assist with using and interpreting the report

SAMPLE PHO NCSP Cervical Screening Datamatch Report (January 2016)

Note - these NHIs have been anonymised

QUARTER_START	PHO_ID	PR_ID	PRACTICE_NAME	ETH_1	ETH_2	ETH_3	NHI_NUMBER	PHO_SUBMIT_NHI_NUMBER	BIRTH_DATE	LAST_SCREEN	SCREENED_THIS_QUARTER	ENROLMENT_STATUS	EVENT_TYPE	LOCATION_OF_LAST_SCREEN	CMI	NEXT_DUE_DATE	WITHDRAWL_DATE	QUINTILE	HOW TO INTERPRET
01-Jan-2016	XXX	123	XXX	11			ABC2222	ABC2222	11-Dec-1983	17-Jun-2004		ENROLLED	CYTOREQ	STUDENT HEALTH OTAGO	N	17-Jun-2005		3	Screened elsewhere. The smear is overdue
01-Jan-2016	XXX	123	XXX	11			ABC3333	ABC3333	15-Dec-1967	06-Dec-2010		ENROLLED	CYTOREQ	X Practice	H	06-Jan-2012		5	High grade smear. The smear is overdue
01-Jan-2016	XXX	123	XXX	21			ABC1111	ABC1111	24-Jan-1995	08-Jan-2015		ENROLLED	CYTOREQ	FAMILY PLANNING AUCK	L	08-Feb-2016		2	Screened elsewhere. Low grade smear. The smear is due
01-Jan-2016	XXX	123	XXX	11	99	99	ABC0000	ABC0000	11-Sep-1968	08-Mar-2013		ENROLLED	CYTOREQ	X Practice	N	08-Apr-2016		4	Normal smear. The smear is due in 3 months time
01-Jan-2016	XXX	123	XXX	31			ABC0002	ABC9999	02-Jun-1956	10-Feb-2015		ENROLLED	CYTOREQ	X Practice	N	10-Mar-2018		3	Patient screened this quarter. Next due 2019
01-Jan-2016	XXX	123	XXX	11			ABC9999	ABC9999	16-Mar-1950	08-Jan-2016	Yes	ENROLLED	CYTOREQ	X Practice	N	08-Feb-2019		4	Recently screened. Due in 3 years
01-Jan-2016	XXX	123	XXX	11			ABC6666	ABC6666	08-Oct-1947	09-Dec-2014		ENROLLED	HISTOREQ	GYNAE INPATIENT WARD	N			5	CMI and no due date means that tracking has been turned off (Probable hysterectomy for benign reasons). Other reasons for tracking to be turned off include serious illness, gone overseas, undergoing treatment in secondary care for a cervical abnormality.
01-Jan-2016	XXX	123	XXX	11			ABC4444	ABC4444	02-Aug-1983									5	Patient is not on the NCSP Register
01-Jan-2016	XXX	123	XXX	11			ABC7777	ABC7777	15-Jul-1950	29-Oct-2003		ENROLLED	CYTOREQ	X Practice	N			4	69 years. The next due date is after age 69, so there is no due date
01-Jan-2016	XXX	123	XXX	11			ABC5555	ABC0001	11-Mar-1965			WITHDRAWN					18-May-2005	2	Withdrawn from the NCSP Register
01-Jan-2016	XXX	123	XXX	11			ABC0001	ABC0001	19-Mar-1969	05-Aug-2015		ENROLLED						3	No results recorded on the NCSP Register, or this is a synopsis result (incomplete information)
01-Jan-2016	XXX	123	XXX	12			ABC8888	ABC5555	02-Jan-1946	20-Aug-2014		ENROLLED	CYTOREQ	X Practice	N			4	Tracking turned off (CMI and no due date). Note there are two different NHIs. Column H is the 'live' NHI used by the MoH; Column I is the NHI used by the PHO at the last Register submission. The fact it is different to the NHI in the previous column denotes it is a 'non-master' or 'dormant' NHI being used by the PHO.

Notes - also refer to the Worksheets below

CMI (Clinical Management Indicator)	
H	High grade
L	Low grade
U	Unknown
N	Negative (i.e. Normal)
Null	No CMI recorded means the woman is not enrolled in the NCSP-Register, or has withdrawn

How to filter the report

TO SET THE FILTER. Put your curser on any heading. Go into the 'Sort and Filter' icon (top right of the menu), and choose filter. This will provide arrows on each of the heading fields.

TO CLEAR THE FILTER. Click on the hour glass icon , and then click on the red X to clear the filter.

Filtering Options

(1) HIGH GRADE. Click on the CMI arrow and filter by un-selecting all except 'H' (high grade). Then click on the 'Next Due Date' and sort by oldest to newest. This will provide a list of women with a high grade smear who are most overdue.

(2) LOW GRADE. Click on CMI and filter by unselecting all except 'L' (low grade). Then click on the 'Next Due Date' and sort by oldest to newest. This will provide a list of women with a low grade smear who are most overdue.

(3) NOT ON THE NCSP REGISTER. Click on the Enrolment Status arrow and de-select all except 'blanks'. This will identify women in the practice who are not enrolled in the NCSP Register.

(4) WOMEN SCREENED ELSEWHERE. Click on the 'Location of Last Screen' arrow and de-select your own practice and the 'blanks'.

(5) ETHNICITY AND DEPRIVATION. Click on the Ethnicity arrow. De-select the ethnicities you don't want to review. Then filter by deprivation by selecting the critiera you want. Use this to identify women who are most overdue.

(6) IDENTIFYING # OF SCREENS IN GIVEN PERIOD. Click on the 'Last Screen' arrow, and choose the years or months you want to review. Sort by oldest to newest. Highlighting the period you are counting will provide a count at the bottom of the screen.

This list is not exhaustive. Once you are confident in filtering, this information can be used in many ways. Good luck!