National Screening Unit

Te Whatu Ora
Health New Zealand
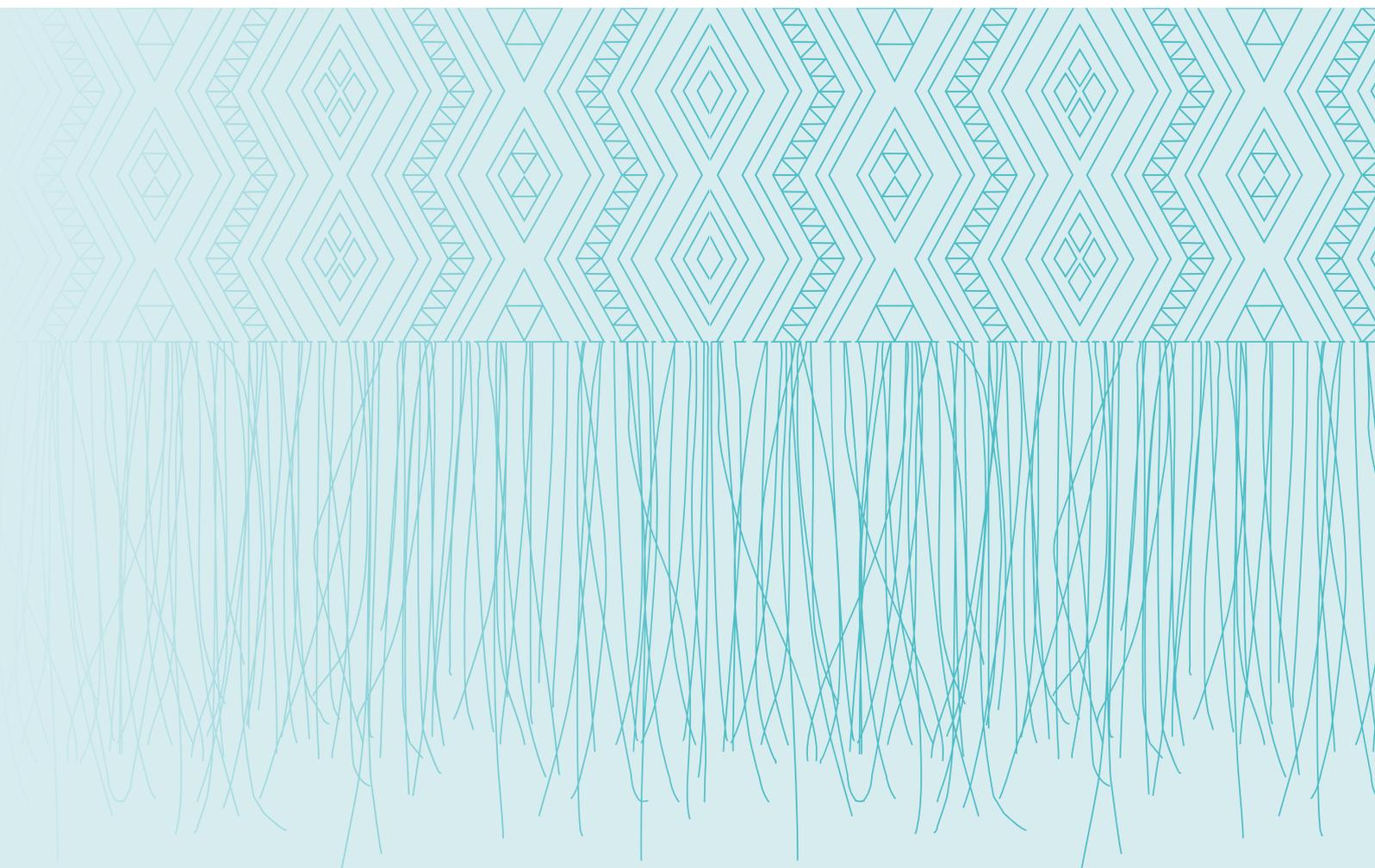
NCSP Policies and Standards
Section 2: Providing Register Services
Interim v1.0

National Cervical Screening Programme, 2023

2

Te Whatu Ora
Health New Zealand

Contents – Rārāngi upoko

Tiro whānui | Overview

Introduction

The National Cervical Screening Programme (NCSP) Policies and Standards Section 2 set out the agreed policies and standards of practice for NCSP Register Services.

In this section

Te Whatu Ora Health New Zealand requires that all organisations responsible for providing the NCSP Register Services comply with all NCSP Policies and Standards detailed in Section 2.

This section of the NCSP Policies and Standards provides a set of policies, standards and guidelines for organisations and support staff who are responsible for providing NCSP Register Services, enabling the NCSP to support the provision of measurable, high-quality services.

Provision of NCSP Register Services encompasses the NCSP Register's business functions and supporting services.

Te Whatu Ora Health New Zealand requires that all organisations responsible for providing NCSP Register Services comply with all NCSP Policies and Standards detailed in this Section 2.

The planned implementation of the policies and standards set out in this section is described in the Service Delivery Model, which sets out a framework for how the NCSP provides Register Services — including the specific processes, channels, technology, roles, and responsibilities.

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 (Part 4A National Cervical Screening Programme)
  - the Privacy Act 2020
  - the Health Information Privacy Code 2020
  - Health (Cervical Screening (Kaitiaki)) Regulations 1995
  - the Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996
  - the Health and Disability Commissioner Act 1994
  - HISO 10029:2022 Health Information Security Framework (HISF)
  - HISO 10064:2017 Health Information Governance Guidelines

- 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.

Key Concepts

NCSP Register

The term "NCSP Register" means the system which provides functional capabilities and a centralised national database for storing and processing cervical screening information, and tracking and communicating with eligible or enrolled participants throughout their NCSP pathway.

Purpose

The NCSP Register is a key tool for the NCSP to:

1. maintain a master record of all cervical screening performed in Aotearoa New Zealand
2. track progress of participants through the screening journey
3. record statistical information to monitor and evaluate the safety and efficacy of the NCSP
4. monitor operational activities and information to ensure quality, and
5. undertake future planning.

Overview of NCSP Register functions

The NCSP Register:

• contains personal, demographic and contact details for all[1] individuals eligible for, or participating in (current or historical), the NCSP

• contains all[2] cervical screening test results processed by New Zealand laboratories, including gynaecological cytology, histology, human papillomavirus (HPV) tests, and colposcopy information

• receives information on any additional specialist treatment required

• calculates next event type and due dates based on clinical pathway rules for programme participants

• is the source-of-truth for screening history reports used by health professionals

• flags and communicates data issues or actions required to Register Services teams

• enables correspondence to be sent to participants in the programme

• enables correspondence to be sent to participants who wish to withdraw from the programme

• enables invitations to the programme to be sent to eligible members of the population

• records statistical data for monitoring and evaluation of the programme

• records and provides data used in operational reporting.

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1 Note that if the individual has withdrawn from the NCSP, their basic demographic data will be retained in the NCSP Register

2 Unless the individual has withdrawn from the NCSP

Access to NCSP Register information

Register Services and Regional Coordination Services team members will access NCSP information by directly accessing the NCSP Register. Some other users may access a limited sub-set of NCSP information directly via the NCSP Register, or more likely via their clinical systems (e.g. laboratories and colposcopy clinics) or via a portal. All access to, and use, retention, and disclosure of NCSP information must comply with the Health Act 1956 Part 4A, National Cervical Screening Programme.

Register Services

The term "Register Services" means the collection of specialised teams, functions and tasks involved in the daily operational management of the NCSP Register.

This includes specialised teams providing technical support, including vendors, internal teams and partners.

Purpose

Register Services' focus is to make sure that screening services operate smoothly and comply with the appropriate legislation, policies and standards.

Overview of Register Services functions

Key functions of Register Services are to:
- maintain participant personal, demographic and contact information, and adding or updating medical history events
- identify participants who are unscreened or overdue and either follow up or support a selected provider to manage the process
- manage enquiries and provide information held within the NCSP Register to participants and health professionals as required
- action operational processes to support participants, Register Services staff and systems involved in the NCSP
- resolve or escalate complaints, issues, or queries
- action operational processes and tasks to manage exceptions including missing test results, overdue events, mismatched recommendations and errors
- generate and distribute operational reports and other information to providers, laboratories and Te Whatu Ora as required.

Whakarāpopototanga | Summary of standards

NO	STANDARD	PURPOSE
201 Page 10	Protection of NCSP Register data	To ensure Register Services implement the obligations and required capabilities of HIS0 10029:2022, the Health Information Privacy Code 2020, Health (Cervical Screening (Kaitiaki)) Regulations 1995 and other relevant legislation.
202 Page 11	Access to information held on the NCSP Register	To ensure that NCSP Register information identifying a participant is only disclosed to, or accessed by, authorised persons and that authorised users have access to personal health information when required.
203 Page 12	Records management	To ensure that the management of NCSP records meets legislative and accepted professional and/or sector standards.
204 Page 13	Disposing of medical-in-confidence data and information	To ensure the disposal of NCSP data and information is carried out in an appropriate manner.
205 Page 14	Register Services staff management and training	To ensure each Register Services organisation has an appropriate number of suitably skilled and qualified personnel and that new staff have appropriate experience, competencies and training to enable them to deliver services of the required quality.
206 Page 16	Cultural competency	To ensure personnel understand Aotearoa New Zealand's cultural diversity and are able to interact effectively, and respectfully, when delivering services to people of different cultural backgrounds. To ensure Register Services are meeting Te Tiriti o Waitangi obligations and actively addressing the needs of Māori through understanding the rights, interests and perspectives of Māori; meaningfully engaging and building relationships with Māori; and embedding Māori and Te Tiriti perspectives into policy, and services.
207 Page 17	Distributing screening history reports	To ensure Register Services respond to written and verbal requests for screening histories within agreed timeframes and that this information is distributed in a safe and secure manner.
208 Page 18	Recording colposcopy information	To ensure the NCSP Register contains a complete record of colposcopy information, even in situations where the clinic does not send data to the NCSP Register via an electronic connection.

NO	STANDARD	PURPOSE
209 Page 20	**Resolving test results with exceptions**	To ensure Register Services report and resolve exceptions that require manual intervention for cytology, histology and HPV test results and record the results on the NCSP Register within agreed timeframes.
210 Page 21	**Resolving colposcopy data with exceptions**	To ensure Register Services report and resolve exceptions that require manual intervention for colposcopy referral, visit and Did Not Attend data and record the event on the NCSP Register within agreed timeframes.
211 Page 22	**Follow-up on missing test results**	To ensure that Register Services contact health practitioners whenever visit information indicates that histology has been undertaken but no results have been received.
212 Page 23	**Handling telephone calls**	To ensure that Register Services manages all telephone calls in a consistent and appropriate manner, in accordance with agreed telephone protocols.
213 Page 25	**Handling written communications**	To ensure that all responses to written communications received by Register Services are consistent and appropriate, in accordance with written communication protocols, and that accurate records of all written correspondence are kept.
214 Page 27	**Escalation of complaints, issues, non-conformance or queries**	To ensure that Register Services escalate any complaint, issue, or query regarding the NCSP to either the NCSP Manager or the NCSP Clinical Director, as appropriate.
215 Page 29	**Quality of services**	To ensure Register Services provide services in accordance with the approved service levels and that data entered into the NCSP Register by the Register Service is appropriate and checked according to the Register Service's audit schedule and quality activities to monitor and improve services.
216 Page 30	**Service compliance and audit**	To ensure Register Services have appropriate policies, procedures, and systems in place to deliver services to the NCSP and its providers in accordance with relevant legislation, NCSP Policies and Standards and accepted professional and/or sector standards.
217 Page 31	**Accurate maintenance of participant information**	To ensure that regional Register Services accurately maintain and update participant information and NCSP provider information on the NCSP Register. Ensuring a participant's demographic information is correct is an important component in monitoring their management.

Information security and privacy management

Introduction

The NCSP Register contains personal health information and is classified as '**medical-in-confidence**'. This information is specific to a person's cervical screening records, including screening sample details, HPV/Cytology/Histopathology test results, colposcopy events, diagnosis and other personal information. Medical-In-Confidence data must be secured to protect the privacy and confidentiality of participants' sensitive health information.

Ensuring the security of this data is critical to maintain the trust between the NCSP and potential or enrolled screening participants. Te Whatu Ora and NCSP Register Services are required to protect participants' rights, and comply with legal and ethical obligations related to healthcare privacy. Unauthorised access, use, or disclosure of medical-in-confidence data can lead to a range of negative consequences, including identity theft, discrimination, and harm to participants' health.

Data governance

Data governance provides a means of bringing together all the relevant legislation, guidance and evidence-based practice that apply to the handling of information, and offers a consistent way for people working in health and social care to deal with the many different legal provisions, guidance, and professional codes of conduct that apply to handling personal health information.[3]

The NCSP is unique as a screening programme in that it has additional and specific legislative requirements under the Health Act 1956 (Part 4A National Cervical Screening Programme), which states: 'no person may access, use, retain, or disclose NCSP information…, except as provided by section 112J.'

Under section 112J(4)(d) of the Act, no person shall disclose any protected information unless the information is disclosed with the prior approval of the National Kaitiaki Group granted under the Health (Cervical Screening (Kaitiaki)) Regulations 1995 (the Kaitiaki Regulations) (see Māori Data Sovereignty and National Kaitiaki Group).

Māori Data Sovereignty

The UN Declaration on the Rights of Indigenous Peoples (UNDRIP) reaffirms Indigenous rights to self-governance and authority to control their Indigenous cultural heritage embedded in their languages, knowledge, practices, technologies, natural resources, and territories (i.e., Indigenous data). Indigenous data, which include data collected by governments and institutions about Indigenous Peoples and their territories, are intrinsic to Indigenous Peoples' capacity and capability to realise their human rights and responsibilities to all of creation.

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3   Statement adapted from Health Information and Quality Authority "Guidance on Information Governance for Health and Social Care Services in Ireland" 2012, http://hiqa.ie/healthcare/health-information/information-governance, page 7.

Te Tiriti o Waitangi

Te Whatu Ora recognises that, to be successful for Māori participants, the NCSP must offer screening in ways that Māori feel are acceptable, accessible, affordable, and culturally appropriate. The programme must also appropriately promote the benefits of screening for Māori participants.

Register Services must fulfil their obligations under Te Tiriti, including ensuring the application of the framework progresses the health and wellbeing of Māori, does not place undue burden on the Māori health sector, and Māori data is collected, stored, and transferred in ways that enable and reinforce the capacity of Māori to exercise kaitiakitanga over Māori data (see Te Mana Raraunga – Māori Data Sovereignty Principles – https://static1.squarespace.com/static/58e9b10f9de4bb8d1fb5ebbc/t/5bda208b4ae237cd89ee16e9/1541021836126/MR+Ma%CC%84ori+Data+Sovereignty+Principles+Oct+2018.pdf).

National Kaitiaki Group

The National Kaitiaki Group was established in 1995 by the Minister of Health under the Kaitiaki Regulations. The Group is appointed by, and accountable to, the Minister of Health.

Information on the NCSP Register that identifies participants as Māori is protected under the Kaitiaki Regulations.

The National Kaitiaki Group considers applications for approval to disclose, use, or publish 'protected information', being information that is on or from the NCSP Register which identifies the individual to whom the information relates as being Māori.

The National Kaitiaki Group protects Māori participants' cervical screening data by ensuring that this data is:

• not used or published inappropriately or in a way that reflects negatively on Māori.

• used to benefit Māori.

It also provides a way of reassuring Māori that their data is protected so they continue to participate in the NCSP.

Any person wanting to access, use or disclose Māori participants' cervical screening data held on the NCSP Register must first make an application to the National Kaitiaki Group, unless they are providing cervical screening services as described in section 112J of the Health Act 1956. The National Kaitiaki Group will ensure that any data releases protect the confidentiality of Māori participants on the NCSP Register.

No person shall disclose or use or publish any protected information without the prior approval of the National Kaitiaki Group.

Purpose

The purpose of the Information Security and Privacy Management policies are to ensure:

- NCSP data and information (medical-in-confidence) is protected to maintain privacy, confidentiality, integrity, and availability
- the safe and effective use of data for strategic, clinical management and service improvement purposes
- managing and maintaining cervical screening records and their disposal meets legislative and accepted professional and/or sector standards
- information held by the NCSP Register is only available to authorised users and operators
- Māori information held by the NCSP Register is collected, stored, and transferred in ways that enable and reinforce the capacity of Māori to exercise kaitiakitanga over Māori data.

Policies

Information is managed to protect it from risk of destruction, loss or misuse, and made available to those who need to use it.

Information held by Register Services identifying an individual may only be disclosed to or accessed by authorised persons.

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.

Register Services must dispose of health information relating to individual participants that is no longer required either by the participant, Register Services or the 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 (201) Protection of NCSP Register data

Purpose

To ensure NCSP Register data is protected to maintain privacy, confidentiality, integrity, and availability.

Policy

NCSP Register data includes:

- all information sent to, from, collected and stored by the NCSP Register, including any previous register version(s)
- NCSP Register outputs (including screening history, reports, letters)
- all communications in relation to NCSP business services, including enquiries and complaints
- any of the above data that is stored or made available via supporting or integrated IT systems (e.g. web portal, data warehouse or clinical patient management system).

NCSP Register Services organisations must be familiar with and understand their obligations under HISO 10029:2022 to:

- ensure Māori data is managed in ways that enable and reinforce the capacity of Māori to exercise kaitiakitanga over Māori data
- maintain the confidentiality of NCSP Register information
- maintain the integrity of the NCSP Register information by ensuring its accuracy and completeness
- ensure access to NCSP Register information is only available to authorised users or recipients
- understand obligations under Kaitiaki regulations including restrictions on disclosure, use and publication of protected information.

NCSP Register Services organisations must inform Te Whatu Ora of any NCSP information security or privacy breach as quickly as possible.

Standard

- Medical-in-confidence data and information is protected at all times.

Target

- No security or privacy breaches.

Measurement

The following methods of measurement are used:
- Service reporting (monthly/quarterly/ six-monthly according to SLA)
- Non-conformance monitoring and reporting
- Audit.

See also:
- Health Information Security Framework Essentials and Recommendations 10029.1
- Maturity Assessment Scale per HISO 10029:2022 Health Information Security Framework (HISF) www.tewhatuora.govt.nz/publications/health-information-security-framework/
- Privacy Act 2020
- Health Information Privacy Code 2020
- CARE Principles for Indigenous Data Governance
- Te Mana Raraunga – Māori Data Sovereignty Principles
- https://www.nsu.govt.nz/health-professionals/ national-cervical-screening-programme/ legislation/national-kaitiaki-group
- https://www.health.govt.nz/our-work/populations/ maori-health/national-kaitiaki-group
- Health (Cervical Screening (Kaitiaki)) Regulations 1995

Standard 202 Access to information held on the NCSP Register

Purpose

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

Policy

Information held on the NCSP Register may only be accessed by, used by or disclosed to authorised persons, in accordance with Part 4A (National Cervical Screening Programme) of the Health Act 1956.

Standard

Information held on the NCSP Register identifying a participant is only to be disclosed or accessed:
- by authorised Register Services users
- to, or authorised by, individual participants
- for further treatment or management of individual participants
- to a screening programme evaluator.

Target

- No NCSP Register information is available to unauthorised persons.
- NCSP Register information is only accessed for screening purposes

Measurement

The following methods of measurement are used:
- Service reporting (monthly/quarterly/six-monthly according to service level agreement (SLA))
- Non-conformance monitoring and reporting.

See also:
- Part 4A of the Health Act 1956, as amended in 2021
- Section 112ZE of the Health Act 1956, as amended in 2021
- CARE Principles for Indigenous Data Governance
- Te Mana Raraunga – Māori Data Sovereignty Principles
- HISO 10029:2022
- Health Information Privacy Code 2020

Standard (203) 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, by their employees (including financial, administrative and health-related records and information)

that are relevant to the provision of NCSP Register Services.

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

Register Services must ensure that appropriate backup 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

Register Services will maintain all records in respect of the NCSP in accordance with the Public Records Act 2005 and the National Screening Unit's Retention and Disposal Schedule Appraisal Report (DA539) Appendix One (2012).

Register Services have an accessible records management plan in place.

Target

- Register Services keep 100 percent of records in compliance with the legislation and the NSU Retention and Disposal Schedule.
- Register Services maintain an accessible records management plan.

Measurement

The following methods of measurement are used:
- Audit.

See also:
- Public Records Act 2005
- Health Information Privacy Code 2020
- National Screening Unit, Retention and Disposal Schedule: Appendix Three - Implementation Guidelines for NSU Providers
- Retention of pathology (histology and cytology) slides National Pathology Accreditation Advisory Council 2009
- CARE Principles for Indigenous Data Governance
- Te Mana Raraunga – Māori Data Sovereignty Principles
- Health Information Privacy Code: Factsheet 5 - Storage, Security, Retention and Disposal of Health Information

Standard 204 Disposing of medical-in-confidence data and information

Purpose

To ensure the disposal of NCSP data and information is carried out in an appropriate manner.

Policy

Register Services must dispose of health information relating to individual participants that is no longer required either by the participant, Register Services 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

Register Services dispose of all confidential and medical-in-confidence data and information if it is no longer required either by the participant or Register Services in a manner that ensures its confidentiality.

All paper-based confidential and medical-in-confidence data and information must be physically destroyed.

Register Services provide separate bins for the secure destruction of data and information.

Where a participant cancels their enrolment and withdraws from the programme, Register Services must keep their identifying information so that any subsequent results are not added, and delete all other information.

Register Services make all reasonable endeavours to remove electronic data relating to individual participants if it is inaccurate, or if the participant has requested to withdraw from the NCSP, in a timely manner.

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% of health information that is no longer required in the manner described above.

Measurement

The following methods of measurement are used:
- Audit.

See also:
- Health Information Privacy Code: Factsheet 5 - Storage, Security, Retention and Disposal of Health Information
- CARE Principles for Indigenous Data Governance
- Te Mana Raraunga – Māori Data Sovereignty Principles
- Health Information Privacy Code 2020
- Section 112G of the Health Act 1956, as amended in 2021
- Section 112H of the Health Act 1956, as amended in 2021.

Staffing

Purpose

To ensure Register Services are delivered by sufficient numbers of suitably skilled and qualified personnel.

Policy

Register Services staff must be managed according to a staff management plan, to ensure they have appropriate experience and competencies, are capable of delivering services to the required quality and have received health and safety training.

Standard 205 Register Services staff management and training

Standard

Each Register Services organisation must have appropriate numbers of suitably skilled and qualified personnel.

New staff recruited to Register Services must have appropriate experience and competencies.

Register Services must ensure new staff have had the appropriate training to enable them to deliver services to the required quality.

All Register Services staff must:

- receive induction/orientation training
- be appropriately trained to ensure they are familiar with, and can comply with, rules for accessing and managing data and information including information held within the NCSP Register, or in other electronic repository or paper-based form
- be appropriately trained in cultural competency to ensure participants' cultural needs are met, including Te Tiriti o Waitangi
- receive appropriate training for their role
- be appropriately trained about their responsibility to protect information by taking reasonable measures to secure data, such as using strong passwords, avoiding phishing scams, and being cautious when sharing personal information online
- receive training on processes and procedures to inform Te Whatu Ora of any NCSP information security incidents or data privacy breaches as quickly as possible
- receive health and safety training
- receive training on Kaitiaki standards and completing assessment.

Records must be maintained of staff participation in and completion of training.

Each Register Services organisation must maintain a comprehensive staff management plan:

- 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 cultural competency training, Māori data sovereignty and health and safety training.

Target

- A comprehensive staff management plan is in place.
- 100% of staff complete induction/orientation training within three months of employment at the organisation.
- Register Services keep 100% of records of staff participation in and completion of training.

Measurement

The following method of measurement are used:

- Service reporting (monthly/quarterly/ six-monthly according to SLA)
- Non-conformance monitoring and reporting
- Audit.

See also:
- Standard 217: Quality of services

Standard 206 Cultural competency

"Building cultural competency will enable us to create fair, diverse and inclusive workplaces and reflect the diverse communities we serve. It will also enable the public service to engage meaningfully, and to design and deliver services that meet the needs of all New Zealanders, now and into the future."

Te Kawa Mataaho Public Service Commission. Papa Pounamu, Driving Diversity and inclusion across the public service.

Having a common understanding of equity is an essential foundation for coordinated and collaborative effort to achieve equity in health and wellness. The definition of equity used in this standard is as follows:

In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes.

Standard

Register Services staff must acknowledge Aotearoa New Zealand's cultural diversity and be able to interact effectively, and respectfully, when delivering services to people of different cultural backgrounds.

Register Services must uphold Te Tiriti o Waitangi obligations, including:

- actively working to reduce health inequities for Māori
- adopting a shared responsibility for equity
- identifying and prioritising time and resources towards achieving equity
- continuously improving and innovating activities to actively meet Te Tiriti o Waitangi and equity obligations
- following the principles of Māori data sovereignty.

Register Services must ensure staff have had appropriate training on the following key competency areas:

- Understanding racial equity and institutional racism
- Aotearoa New Zealand history and Te Tiriti o Waitangi/Treaty of Waitangi
- Te ao Māori worldview knowledge
- Tikanga/kawa
- Te reo Māori
- Engagement with Māori
- Māori data sovereignty
- . Health (Cervical Screening (Kaitiaki)) Regulations 1995.

Target

- 90% of staff complete cultural competency training within 12 months of commencing employment.
- Register Services keep records of staff participation in and completion of training.

Measurement

The following methods of measurement are used:

- Service reporting (monthly/quarterly/ six-monthly according to SLA)
- Non-conformance monitoring and reporting
- Audit.

See also:

- Te Arawhiti capability framework for the public service;
  - https://www.tearawhiti.govt.nz/assets/Tools-and-Resources/Whainga-Amorangi/TA013.02-MCR-capability-framework-guide.pdf
  - https://www.tearawhiti.govt.nz/assets/Tools-and-Resources/Whainga-Amorangi/TA013.03-MCR-capability-ICC.pdf
  - https://www.tearawhiti.govt.nz/assets/Tools-and-Resources/Whainga-Amorangi/TA013.04-MCR-capability-OCC.pdf
- CARE Principles for Indigenous Data Governance
- Te Mana Raraunga (TMR) Principles of Māori Data Sovereignty

Screening history

Purpose

To ensure health professionals (sample takers, laboratories, and colposcopy services) can access a participant's screening history when required, and that a participant can access their own information if requested.

Policy

This policy relates to the provision of the full screening history report.

On receipt of a verbal or written request for a screening history report from a verified source (sample takers, colposcopy clinics and participants), Register Services must provide a screening history report within the approved timeframe.

Note that health professionals may check a simple detail (such as whether the participant has ever been screened) rather than requesting a full screening history. In those situations, Register Services may access the record and answer the question immediately.

Standard 207 Distributing screening history reports

Standard

Register Services must provide a screening history within four working hours of receiving a written request.

Register Services must provide a screening history promptly (as soon as practical) after receiving a verbal request.

Register Services must distribute the screening history report in a safe and secure manner to protect the privacy and confidentiality of participants' health information.

Target

- Register Services provide 95% of written requests for screening histories within four working hours.
- Register Services provide 95% of verbal requests for screening histories within one working hour.
- Register Services provide 100% of requested screening histories within eight working hours.
- 100% of screening histories are provided in a safe and secure manner, protecting the participant's privacy and confidentiality.

Measurement

The following methods of measurement are used for requests for immediate screening histories:
- Service reporting (monthly/quarterly/six-monthly according to SLA)
- Complaint register
- Audit.

See also:
- CARE Principles for Indigenous Data Governance
- Te Mana Raraunga – Māori Data Sovereignty Principles
- Health Information Privacy Code 2020
- Code of Health and Disability Services Consumers' Rights

Manually recording colposcopy information

Purpose

To ensure the NCSP Register contains a complete record of colposcopy information, even in situations where the clinic doesn't send data to the NCSP Register via an electronic connection.

Policy

Register Services manually enter colposcopy information onto the NCSP Register where this has been received by email/eFax or by post in a timely manner.

Standard 208 Recording colposcopy information

Standard

Register Services manually enter colposcopy information onto the NCSP Register when the colposcopy service is unable to send electronically.

Target

- 95% of colposcopy events (referral visits) or information requiring manual input are accurately entered into the NCSP Register within five working days of receipt of the information
- 100% of colposcopy events (referral visits) or information requiring manual input are accurately entered into the NCSP Register within 10 working days of receipt of the information.

Measurement

The following method of measurement are used:
- Service reporting (monthly/quarterly/ six-monthly according to SLA)
- Non-conformance monitoring and reporting
- Audit.

Manage exceptions

Purpose

The purpose of managing exceptions to results or expected events is to ensure:

- the safe and effective use of data for strategic, clinical management and service improvement purposes, and
- that the information held by the NCSP Register is complete and accurate, and
- expected events are triggered and managed in accordance with clinical guidelines.

Ensuring the accuracy and reliability of this data is critical to maintain the trust between participants, Te Whatu Ora and health providers.

Policy

Register Services must monitor and follow up participants enrolled in the NCSP in accordance with the NCSP Policies and Standards and NSU *Clinical Practice Guidelines for Cervical Screening in Aotearoa New Zealand* (2023) (and its updates and revisions).

Register Services must action requests, worklist tasks and reports that identify exceptions or discrepancies, including situations where:

- an expected referral hasn't been received by the due date
- an expected HPV, cytology or histology result hasn't been received
- Register Services is made aware that a result is missing from the NCSP Register[4]
- a participant has not attended their expected colposcopy event
- expired events are for participants who are under specialist care
- a test result has been rejected or an attempt was made to post an incorrectly coded result to the NCSP Register
- there is a Recommendation Mismatch
- a task is overdue.

Register Services should utilise a range of information sources as they investigate, manage and resolve discrepancies and exceptions. This could include following up with the health practitioner, laboratory or colposcopy unit or accessing other health system information if the staff member is appropriately authorised to do so.

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4   This is distinguished from an expected result not received. This is where Register Services are made aware of a missing result, i.e. when the participant informs that test was done.

Standard 209 Resolving test results with exceptions

Standard

Register Services report and resolve exceptions that require manual intervention for cytology, histology and HPV test results and record the results on the NCSP Register in a timely manner.

Report and resolve may include activities such as managing worklist tasks, updating data on the NCSP Register, following up with responsible parties as appropriate and escalating as required.

Exceptions may include:

- Recommendation mismatches generated from the NCSP Register
- Incorrectly coded results posted to the NCSP Register
- Missing cytology/histology/HPV data identified by Register Services.

Register Services must apply exception reporting/monitoring to track trend analysis and report on volumes and escalate as required (i.e., where exceptions are higher than the SLA allows).

Target

- Register Services resolve 95% 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% of exceptions that require manual intervention for cytology, histology, and HPV test results, and record the result on the NSCSP Register within 10 working days of receipt of the result.
- Register Services request from laboratories 95% of missing cytology/histology data within five working days.
- Register Services request from laboratories 100% of results reported as missing from the NCSP Register within 20 working days.
- Register Services report to laboratories 100% of recommendation mismatches generated from the NCSP Register within five working days.
- Register Services report to laboratories 100% of incorrectly coded results posted to the NCSP Register within 20 working days.

Measurement

The following methods of measurement are used:

- Service reporting (monthly/quarterly/ six-monthly according to SLA)
- Non-conformance monitoring and reporting
- Audit.

Standard ⬤210 Resolving colposcopy data with exceptions

Standard

Register Services report and resolve exceptions that require manual intervention for colposcopy referral, visit and Did Not Attend data and record the event on the NCSP Register in a timely manner. These exceptions may include:

- NCSP Register-generated overdue message worklist tasks
- incomplete data sent to the NCSP Register or Register Services teams
- missing referral and visit data identified by Register Services.

Register Services must apply exception reporting/monitoring to track trend analysis and report on volumes and escalate as required (i.e., where exceptions are higher than the SLA allows).

Target

- Register Services resolve 95% of exceptions that require manual intervention for colposcopy referral, visit and Did Not Attend data, and record the event on the NCSP Register within five working days of receipt of the event.
- Register Services resolve 100% of exceptions that require manual intervention for colposcopy referral, visit and Did Not Attend data, and record the event on the NCSP Register within 10 working days of receipt of the event.
- Register Services report 95% of NCSP Register-generated overdue message worklist tasks to colposcopy services within five working days.
- Register Services request 100% of incomplete data sent to Register Services from colposcopy services within 10 working days.
- Register Services request 100% of missing referral and visit data from colposcopy services within 10 working days.

Measurement

The following methods of measurement are used:
- Service reporting (monthly/quarterly/six-monthly according to SLA)
- Non-conformance monitoring and reporting
- Audit.

Standard (211) Follow-up on missing test results

Standard

Register Services contact health practitioners:

- whenever visit information indicates that histology, cytology or HPV screening has been undertaken but no results have been received
- whenever Register Services are made aware that there is a missing result, e.g. where a participant tells them that they have had a test but no results are available for it, or that multiple tests were done during one visit.

Target

- Register Services contact 100% of health practitioners when visit information indicates that histology, cytology or HPV screening has been undertaken but no results have been received.
- Register Services contact 100% of health practitioners when they are made aware that there is a missing result by other means (not alerted by visit information).

Measurement

The following methods of measurement are used:

- Service reporting (monthly/quarterly/ six-monthly according to SLA)
- Non-conformance monitoring and reporting
- Audit.

See also:

- NSU Guidelines for Cervical Screening in New Zealand (and its updates and revisions)

Telephony

Purpose

To ensure that telephone calls are managed consistently, professionally, and respectfully.

Policy

Telephone calls must be managed in accordance with agreed protocols.

Register Services must:

- answer and respond to telephone enquiries
- verify the caller's identity
  1. if a participant, by a three-point identity check for name, date of birth, contact detail, (e.g. address, phone number) and NHI
  2. if a health worker, by checking name and sample 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 participant who wishes to discuss their results or requires other clinical information to contact their own sample taker or healthcare professional
- only communicate clinical information to health professionals, participants and others that comes from information included in the NCSP pamphlets and resources.

Standard ⓶⓵⓶ 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 as defined in the relevant contracts and/or SLAs.

Target

- Register Services answer 90% of calls to 0800 numbers within core business hours as defined in the relevant contracts and/or SLAs.
- Register Services resolve calls in compliance with relevant contracts and/or SLAs.

Measurement

The following methods of measurement are used:
- Service reporting (monthly/quarterly/ six-monthly according to SLA)
  - number of answered/unanswered calls
  - time to answer calls
- Non-conformance monitoring and reporting
- Monitoring calls for quality improvement
- Audit.

> **See also:**
> - Standard 206 – Cultural competency
> - Health Information Privacy Code 2020

Written communication policy

Purpose

To ensure that Register Services:

- provide timely and consistent written information
- maintain an accurate and consistent record of written communications
- distribute accurate, reliable written information in a timely manner
- adhere to Standard 201: Protection of NCSP Register data.

Written communication is distinct from requests for screening history reports.

Policy

Register Services provide operational support to the NCSP and therefore must:

- respond to written enquiries (non–clinical) from a health provider, participant, and others
- use information supplied by health providers or from participants' letters and emails to update participant's information on the NCSP Register
- append clinical correspondence relating to participants' cervical history to participants' records.
- record and file all incoming and outgoing correspondence (including emails, SMS, webchat) concerning individual participants by appending it to participants' records
- direct all requests for aggregated[5] cervical screening data to the cervical screening programme

- 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 participants 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.

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

The relevant NCSP Manager/ Clinical Director must approve 'one-off' or non-standard letters.

Register Services are not clinicians nor performing a clinical function; therefore they must:

- provide any clinical information only in accordance with the relevant Te Whatu Ora Health NZ data protocols and NCSP Policies and Standards for the management of requests for clinical advice or information.
- ensure a registered health professional – such as a nurse or clinical advisor – responds to written enquiries of a clinical nature or forward the enquiry to the NCSP Clinical Director.

Any clinical information Register Services provides must conform with NCSP Policies and Standards for the management of requests for clinical advice.

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5   Information not pertaining to an individual

Standard (213) 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% of records for written communication.
- Register Services append 100% of incoming and outgoing correspondence (including emails) to participant's record within five working days.
- Register Services respond to 95% of written electronic enquiries within one working day of receiving the enquiry.
- Register Services respond to 100% of written electronic enquiries within five working days of receiving the enquiry.
- Register Services respond to 95% of written posted enquiries within five working days of receiving the enquiry.
- Register Services respond to 100% of written posted enquiries within 20 working days of receiving the enquiry or provide a progress update if unable to respond within this timeframe.

Measurement

The following methods of measurement are used:
- Service reporting (monthly/quarterly/six-monthly according to SLA)
- Non-conformance monitoring and reporting
- Audit.

See also:
- Health Information Privacy Code 2020
- Health (Cervical Screening (Kaitiaki)) Regulations 1995
- Te Mana Raraunga Māori Data Sovereignty

Escalation management

Purpose

To ensure that any complaint, issue (including non-compliance), or query regarding the NCSP is escalated, as appropriate, to the NCSP Manager.

Policy

Register Services will escalate any complaint, issue (including non-compliance) or query regarding the programme as appropriate to the circumstances.

Register Services must escalate such issues to the NCSP 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 non-conformance issue to the NCSP Manager under the following circumstances:

- The issue has significant impact on the delivery on part or all of the services (e.g ability to meet targets).
- The issue has potential to negatively impact on the reputation of the registry service and or programme.

Register Services must escalate a clinical issue or query to the NCSP Clinical Director 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 214 Escalation of complaints, issues, non-conformance or queries

Standard

Register Services escalate any complaint, issue, non-conformance, or query regarding the NCSP to either the NCSP Manager or the NCSP Clinical Director, as appropriate.

Register Services maintain an issues/ non-conformance register with resolution timeframe and target based on risk matrix.

Target

- A process is in place to deal with escalation of complaints, issues, non-conformance or queries.
- 100% of complaints are lodged in an issues tracking system upon receipt of the complaint.
- Register Services must acknowledge 100% of complaints in writing within five working days of receiving the complaint and must provide a substantial response within 10 working days.
- Register Services must provide complainants with an update if they are unable to respond to a complaint within 20 working days.
- Register Services resolve issues/non-conformance in accordance with risk matrix.

Measurement

The following methods of measurement are used:
- Service reporting (monthly/quarterly/ six-monthly according to SLA)
- Six-monthly reports to the NCSP by regional Register Services (includes non-conformance resolution performance)
- Complaints Register
- Audit.

See also:
- Code of Health and Disability Services Consumers' Rights. (http://www.hdc.org.nz/ your-rights/about-the-code/code-of-health- and-disability-services-consumers-rights/)

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 accurate and appropriate and is checked according to the Register Service's audit schedule.

Written and verbal communications are accurate and meet privacy principles.

Register Services must maintain the following quality systems and processes (not limited to):
- monitoring and reporting issues, and non-conformity
- a corrective action process
- complaints management and feedback
- internal audit programme/schedule
- health and safety procedures
- risk management.

Target

- Register Services correct 100% of errors identified by data integrity checks and audits.
- Register Services risk rate all errors and issues and manage the issue in accordance with risk rating.

Measurement

The following methods of measurement are used:
- Service reporting (monthly/quarterly/ six-monthly depending upon SLA)
- Non-conformance monitoring and reporting
- Risk matrix
- Audit.

Standard 216 Service compliance and audit

Standard

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 performance audits.

Measurement

The following methods of measurement are used:
- Service reporting (monthly / quarterly / six-monthly depending upon SLA) includes non-conformance resolution performance
- Non-conformance monitoring and reporting
- Risk matrix
- Audit schedule.

Maintaining participant details

Purpose

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

Ensuring a participant's demographic information is correct is an important component in monitoring their management.

Policy

Register Services must accurately maintain participants' details on the NCSP Register. Regional NCSP Register Services will use the NHI, patient management systems and/or information collected by participants' health providers to confirm and clarify participants' demographic, clinical and contact information where appropriate.

GNC and other data correction processes will be followed to provide the most accurate information possible in the NCSP Register.

Standard 217 Accurate maintenance of participant information

Standard

Register Services are responsible for maintaining and updating participant information and NCSP provider information on the NCSP Register.

Participant information includes personal, demographic and contact information, circle of care and medical history events.

Register Services resolve GNC worklist tasks by searching different systems for notes, phoning practices to ask for information and finding current details for participants that are not in the NCSP Register (such as address, pathway events).

Target

- Register Services record 100% of alterations to participants' details accurately.
- Register Services resolve 100% of GNC worklist tasks within five working days.

Measurement

The following methods of measurement are used:
- Service reporting (monthly/quarterly / six-monthly depending upon SLA) includes non-conformance resolution performance
- Non-conformance monitoring and reporting
- Risk matrix
- Audit.

See also:
- CARE Principles for Indigenous Data Governance
- Te Mana Raraunga – Māori Data Sovereignty Principles

Glossary

TERM	DESCRIPTION
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 NCSP Register automatically generate a worklist task that requires manual intervention.
GNC process	Gone no contact process is the process of searching for valid contact details for the participant and updating these in the NCSP Register.
Health practitioner	A person who provides cervical screening services, including sample takers, 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.
Māori data	Refers to digital or digitizable information or knowledge that is about or from Māori people, our language, culture, resources or environments.
Māori Data Sovereignty	Refers to the inherent rights and interests that Māori have in relation to the collection, ownership, and application of Māori data.

Māori Data Governance	Refers to the principles, structures, accountability mechanisms, legal instruments and policies through which Māori exercise control over Māori data.
Medical-in-confidence data	Confidential personal health data for the purposes of HISO.
NCSP Manager	The NCSP Manager is the person appointed under section 112C(3) as the NCSP Manager. If no person has been appointed as the NCSP Manager, the term refers to the Director-General.
Non-conformance	Non-conformance is where the target for the standard is not met. Register Services are to maintain an issues / non-conformance register with resolution timeframe and target clearly identified.
Sample taker	A health practitioner who performs cervical screening tests.
Screening history report	A report that outlines the screening history of an individual participant.
Screening test	A test used in a population to identify a disease in individuals without signs or symptoms.
Withdrawal	A participant can choose to withdraw from the NCSP and have their details (apart from demographic information) removed from the NCSP Register. A participant who has withdrawn can continue to have cervical screening and can re-enrol at any time.
Worklist task	A task that is created electronically by the NCSP Register to resolve an error or manage an overdue event.
User	An individual who has been authorised to have access to the NCSP Register, or parts of the NCSP Register, that they require to perform their role.