

NATIONAL CANCER SCREENING REGISTER

BUDGET

- Total funding to 2019-20 is \$178.3 million. This is an ongoing measure.
- Total value of contract with Telstra from 2016-17 to 2020-21 is \$220 million.

KEY POINTS

- One of the Government's important priorities is to build on Australia's world leading cancer screening programs through the implementation of a national register that supports the delivery of the best possible outcomes for all eligible Australians.
- The renewed National Cervical Screening Program (NCSP) was implemented on 1 December 2017. The register functions to support the renewed program and is being performed jointly between the NCSR and the state and territory registers, during a deliberately phased transition approach, which includes migration of state and territory cervical screening data planned for completion in March 2018.
- During the transition phase state and territory registers will continue to provide pre 1 December 2017 cervical screening histories to laboratories and healthcare providers, and complete follow up for Pap-test results received by the state and territory registers prior to 30 November 17.
- Transition of the National Bowel Cancer Screening Register (NBCSR) is planned to complete in 2018.

FACTS & FIGURES

- Telstra Health, a standalone health-focused business unit of Telstra, was appointed on 4 May 2016 as the service provider to the Commonwealth, to implement and operate the NCSR to support the cervical renewal and the transition of the NBCSR from Department of Human Services.

The protection of personal information held in the NCSR is of paramount importance. The NCSR is required to comply with Commonwealth cyber security policies, provide layers of defence to protect against malware, viruses or Trojans as set out in the Information Security Manual (ISM), and adhere to the stringent controls of the Commonwealth Protective Security Policy Framework.

- The NCSP is a jointly delivered Commonwealth and state and territory program, in the process of transition from eight separate state and

territory screening registers to the NCSR.

- The National Bowel Cancer Screening Program is a Commonwealth program, run in partnership with the states and territories, supported by a single register currently operated by the Department of Human Services.

OUR COMMITMENTS

IF ASKED

- This first phase of the NCSR has met all of the government's

Department of Health

s22(1)(a)(ii)

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the Australian National Audit Commission audit into the NCSR

Current inquiry on the Australian National Audit Office audit into the procurement of the NCSR

- The Joint Committee of Public Accounts and Audit is conducting an inquiry on the Auditor-General's report on the Procurement of the National Cancer Screening Register, as well as two other Commonwealth procurement reports.
- The Auditor General's report on the Procurement of the NCSR published on 29 June 2017 found that the department complied with the Commonwealth Procurement Guidelines (CPGs) and achieved value for money for the Commonwealth but made recommendations regarding the management of conflicts of interest (Col).
- The Department of Health accepted the report recommendations and has strengthened its Col declarations and management processes of any actual, potential and perceived conflicts of interest that may arise in relation to procurement exercises conducted by Health.
- The department has prepared submission to the inquiry and will attend the public hearing scheduled for 14 February 2018.

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ACTUAL IMPACT (Include a real world example)

- The renewed NCSP is estimated to reduce cervical cancer incidence and mortality by up to 30%¹.

BACKGROUND**The National Cancer Screening Register legislation**

- *The National Cancer Screening Register Act 2016* and *National Cancer Screening Register (Consequential and Transitional Provisions) Act 2016* (the NCSR Legislation) commenced on 21 October 2016.
- The NCSR legislation limits the use and disclosure of personal information in the NCSR outside of the circumstances set out in the legislation; and creates an offence arising from the unauthorised recording, use or disclosure of personal information contained in the NCSR.
- The *National Cancer Screening Register Rules 2017* commenced on 1 December 2017 and describes the information to be notified to the NCSR by pathologists and colposcopists.

Delay to the renewal of the National Cervical Screening Program

On 27 February 2017, Australia's Chief Medical Officer announced a revised commencement date for the NCSR to support the renewal of the NCSP from 1 May 2017 to 1 December 2017, including interim arrangements for MBS items.

- The complexity of assimilating eight state and territory cervical screening registers and the NCSR into a new national register and migrating the data has never been done before, so every precaution is being done to ensure it is right to protect individual's privacy and ensure clinical safety. This resulted in the requirement for significant replanning.
- Funding of \$40.8 million over five years for interim arrangements to support the continuation of the current NCSP and NBCSP following the delay was announced in the 2017-18 Budget, with additional funding of \$3 million for the one-off assistance package to be funded from existing health resources.

Contact Officer: Assistant Secretary	David Paull	Work Phone: (02) 6289 7821	Mobile Phone: s22(1)(a)(ii)
Cleared by: First Assistant Secretary	Bettina Konti	Work Phone: (02) 6289 9350	Mobile Phone: s22(1)(a)(ii)

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 - The renewed National Cervical Screening Program (NCSP) was implemented on 1 December 2017. The register functions to support the renewed program **are** being performed jointly between the NCSR and the state and territory registers, during a deliberately phased transition approach.
 - During the transition phase state and territory registers will continue to provide pre 1 December 2017 cervical screening histories to laboratories and healthcare providers, and complete follow up for Pap-test results received by the state and territory registers prior to 30 November 17. Women will still have unbroken access to the new cervical screening test as part of usual care arrangements. This will continue. All cervical screening test results are sent directly to the healthcare provider who ordered the test, as well as to the NCSR.
 - Following the **migration**, the NCSR will match all pathology test results received since 1 December 2017 to participant records, and calculate the screening pathway outcome under the renewed cervical screening guidelines. From that point onwards, pathology laboratories and healthcare providers will be able to obtain complete screening histories from the NCSR. The eight separate state and territory registers will be redundant.
- The implementation of the next phase of the NCSR is planned for completion by 29 June 2018.**
- The new screening program rules are risk based and complex. The Commonwealth and states and territories are working together, taking every precaution to ensure the NCSR is working correctly to protect an individual's clinical safety.

- The phased implementation approach will ensure the high clinical quality and safety standards expected by the program are supported by the NCSR.
- Work on the transition of the National Bowel Cancer Screening Register (NBCSR) will recommence once the NCSR is fully supporting the National Cervical Screening Program. The NBCSR is already a national register and is currently operated by the Department of Human Services (DHS) and DHS will continue to operate the NBCSR until it is transitioned to the NCSR. **It is expected the transition will occur late in the 2019 calendar year.**

FACTS & FIGURES

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 - During the selection process, a risk assessment was completed by the department. Risks and treatments were identified, and a comparison between the tenderers completed.
 - The Australian National Audit Office (ANAO) conducted an audit to determine whether the department:
 - appropriately managed the procurement of services for the NCSR; and
 - effectively considered value for money, consistent with the Commonwealth Procurement Guidelines (CPGs) in the procurement process.
 - The Auditor General's report on the Procurement of the NCSR published on 29 June 2017 found that the department complied with the CPGs and achieved value for money for the Commonwealth but made recommendations regarding the management of conflicts of interest (Col).
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- The department has prepared submission to the inquiry and attended the public hearing on for 14 February 2018. A follow-up session was held on 28 March 2018.
- Mr Julian Hill raised the finding in the ANAO report that the evaluation was undertaken using untreated risks when comparing the final two tenderers rather than the treated risks. An assertion was made by Mr Hill that this may have altered the outcome.

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Media reports about Telstra Health's Argus software

- The Sydney Morning Herald reported on 22 March 2018 that there is a flaw in Telstra Health's Argus software that could potentially expose Australian medical information to hackers.
- The Argus software relates to secure messaging and is an acquisition of Telstra Health.
- The Argus software product is not used by the NCSR. It is not connected to the NCSR solution in any way.

ACTUAL IMPACT (Include a real world example)

- The renewed NCSP is estimated to reduce cervical cancer incidence and mortality by up to 30%¹.

BACKGROUND**The National Cancer Screening Register legislation**

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The complexity of assimilating eight state and territory cervical screening registers and the NBCSR into a new national register and migrating the data has never been done before, so every precaution is being done to ensure it is right to protect individual's privacy and ensure clinical safety. This resulted in the requirement for significant replanning.

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Date QTB Fact Brief created: 23 January 2018

Last Updated by Department: 28 March 2018

Last Updated by Adviser:

- Funding of \$40.8 million over five years for interim arrangements to support the continuation of the current NCSP and NBCSP following the delay was announced in the 2017-18 Budget, with additional funding of \$3 million for the one-off assistance package to be funded from existing health resources.

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KEY POINTS

- One of the Government's important priorities is to build on Australia's world leading cancer screening programs through the implementation of a national register that supports the delivery of the best possible outcomes for all eligible Australians.
- The renewed National Cervical Screening Program (NCSP) was implemented on 1 December 2017. The register functions to support the renewed program are being performed jointly between the NCSR and the state and territory registers, during a deliberately phased transition approach.
- During the transition phase state and territory registers will continue to provide pre 1 December 2017 cervical screening histories to laboratories and healthcare providers, and complete follow up for Pap-test results received by the state and territory registers prior to 30 November 2017. Women will still have unbroken access to the new cervical screening test as part of usual care arrangements. This will continue. All cervical screening test results are sent directly to the healthcare provider who ordered the test, as well as to the NCSR.
- Following the migration, the NCSR will match all pathology test results received since 1 December 2017 to participant records, and calculate the screening pathway outcome under the renewed cervical screening guidelines. From that point onwards, pathology laboratories and healthcare providers will be able to obtain complete screening histories from the NCSR. The eight separate state and territory registers will be redundant.
- The implementation of the next phase of the NCSR is planned for completion by 29 June 2018.
- The new screening program rules are risk based and complex. The Commonwealth and states and territories are working together, taking every precaution to ensure the NCSR is working correctly to protect an individual's clinical safety.

- The phased implementation approach will ensure the high clinical quality and safety standards expected by the program are supported by the NCSR.
- Work on the transition of the National Bowel Cancer Screening Register (NBCSR) will recommence once the NCSR is fully supporting the National Cervical Screening Program. The NBCSR is already a national register and is currently operated by the Department of Human Services (DHS) and DHS will continue to operate the NBCSR until it is transitioned to the NCSR. It is expected the transition will occur late in the 2019 calendar year.

FACTS & FIGURES

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Last Updated by Department: 16 May 2018

Last Updated by Adviser:

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 - appropriately managed the procurement of services for the NCSR; and
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- The Auditor General's report on the Procurement of the NCSR published on 29 June 2017 found that the department complied with the CPGs and achieved value for money for the Commonwealth but made recommendations regarding the management of conflicts of interest (Col).
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The department prepared a submission to the inquiry detailing how it had implemented the ANAO's recommendations around management of Col, and the additional improvement actions it was implementing to enhance procurement practices.

- **Actions include: declarations of interest are a mandatory requirement; records are kept centrally and completion rates are tracked; conflicts are appropriately addressed; Senior Executive Service (SES) officers declare interests annually via an online form that is based on guidance**

from the Australian Public Service Commission; SES officers are required to review declarations where there has been a change in circumstances or position.

- In addition, the department reviewed and updated its templates for significant or complex procurements to provide more guidance to staff on probity protocols and management of Col during a tender process.
- The Department attended the public hearing on 14 February 2018. follow-up session was held on 28 March 2018.
- Mr Julian Hill raised the finding in the ANAO report that the evaluation was undertaken using untreated risks when comparing the final two tenderers rather than the treated risks. An assertion was made by Mr Hill that this may have altered the outcome.
- At the 28 March hearing the Auditor-General commented that "... we [ANAO] couldn't come to a conclusion, whether there would be a different outcome if a different approach was taken, because we are not there to second guess the evaluation panel."
- The Department would not want to speculate on whether this may have altered the outcome as there are a number of factors that can influence a value for money assessment, including the potential cost or impact of the treatment of risk.
- The JCPAA is still accepting submissions to the inquiry. The date for completion of the inquiry has not been determined.

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Funding to DHS to continue the NBCSR

The Department is arranging for DHS to continue to operate the NBCSR for a further 12-18 months. This will not require a new policy proposal as funds are intended to be sourced from monies notionally allocated to Telstra Health to operate the NBCSR, brought forward from 2017/18 underspends as a movement of funds request in the current budget context. This is estimated to cost between \$40 million and \$50 million.

ACTUAL IMPACT (include a real world example)

- The renewed NCSP is estimated to reduce cervical cancer incidence and mortality by up to 30%¹.

BACKGROUND

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- On 27 February 2017, Australia’s Chief Medical Officer announced a revised commencement date for the NCSR to support the renewal of the NCSP from 1 May 2017 to 1 December 2017, including interim arrangements for MBS items.
- The complexity of assimilating eight state and territory cervical screening registers and the NBCSR into a new national register and migrating the data has never been done before, so every precaution is being done to ensure it is right to protect individual’s privacy and ensure clinical safety. This resulted in the requirement for significant replanning.
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KEY POINTS

- One of the Government's important priorities is to build on Australia's world leading cancer screening programs through the implementation of a national register that supports the delivery of the best possible outcomes for all eligible Australians.
- On 27 February 2017, Australia's Chief Medical Officer (CMO) announced a revised commencement date for the NCSR to support the renewal of the NCSP from 1 May 2017 to 1 December 2017, including interim arrangements for MBS items.
- A \$3 million one-off assistance package was provided to the pathology sector so it could retain cytologists to continue the Pap test program for the period 1 May 2017 to 1 December 2017. \$6.2 million for MBS items to continue the Pap test program was also made available.
- Since December 2017 (commencement of HPV testing), pathology labs have downsized their cytology staffing levels as originally planned.
- The Government is not aware of any current issues with cytology staffing as a result of this change.
- The renewed National Cervical Screening Program (NCSP) was implemented on 1 December 2017. The register functions to support the renewed program are being performed jointly between the NCSR and the state and territory registers, during a deliberately phased transition approach.
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Last Updated by Department: 1 June 2018

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- The department prepared a submission to the inquiry detailing how it had implemented the ANAO's recommendations around management of Col, and the additional improvement actions it was implementing to enhance procurement practices.
- Actions include: declarations of interest are a mandatory requirement; records are kept centrally and completion rates are tracked; conflicts are appropriately addressed; Senior Executive Service (SES) officers declare interests annually via an online form that is based on guidance from the Australian Public Service Commission; SES officers are required to review declarations where there has been a change in circumstances or position.
- In addition, the department reviewed and updated its templates for significant or complex procurements to provide more guidance to staff on probity protocols and management of Col during a tender process.
- The Department attended the public hearing on 14 February 2018. A follow-up session was held on 28 March 2018.
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Contract with Telstra Health

- During Budget Estimates on 29 May 2018, the department was questioned on penalty provisions in the Services Agreement that could be actioned as a result of the delay in the implementation of the NCSR.
- Standard protections exist in the Services Agreement to protect the Commonwealth, including termination options, delay provisions, reduction in scope and dispute resolution procedures.
- At this stage the Government has no plans to exercise any penalty provision as delivery is being achieved through withholding of payment.

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- The *National Cancer Screening Register Rules 2017* commenced on 1 December 2017 and describes the information to be notified to the NCSR by pathologists and colposcopists.

Delay to the renewal of the National Cervical Screening Program

- On 27 February 2017, Australia's Chief Medical Officer (CMO) announced a revised commencement date for the NCSR to support the renewal of the NCSP from 1 May 2017 to 1 December 2017, including that an agreement had been reached between the Australian Government and representatives of the Australian pathology sector to ensure that women would continue to access the Pap test to screen for cervical cancer until the renewed NCSP commenced on 1 December 2017. interim arrangements for MBS items.
- The complexity of assimilating eight state and territory cervical screening registers and the NBCSR into a new national register and migrating the data has never been done before, so every precaution is being done to ensure it is right to protect individual's privacy and ensure clinical safety. This resulted in the requirement for significant replanning.
- Funding of \$40.8 million over five years for interim arrangements to support the continuation of the current NCSP and NBCSP following the delay was announced in the 2017-18 Budget.
- A \$3 million one-off assistance package was provided to the pathology sector so it could retain cytologists to continue the Pap test program for the period 1 May 2017 to 1 December 2017.
- \$6.2 million for MBS items to continue the Pap test program was also made available for the same period 1 May 2017 to 1 December 2017. This included increased fees for conventional cytology (pap test) and the introduction of a new MBS item for liquid based cytology (LBC).
- The renewed program commence on 1 December 2017 with new MBS items with fees set following consultation with the Pathology Sector.

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