

# National Healthcare Agreement: P11-Cervical screening rates (National Cervical Screening Program), 2010 QS

## Identifying and definitional attributes

<b>Metadata item type:</b>	Quality Statement
<b>METEOR identifier:</b>	392611
<b>Registration status:</b>	<ul style="list-style-type: none"><li>• <a href="#">Health</a>, Superseded 08/06/2011</li></ul>

## Relational attributes

<b>Indicators linked to this Quality statement:</b>	<a href="#">National Healthcare Agreement: P11-Cervical screening rates, 2010 Health</a> , Superseded 08/06/2011
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## Data quality

<b>Quality statement summary:</b>	<ul style="list-style-type: none"><li>• Remoteness and socioeconomic status are based on postcode of residential address at the time of screening. These data are only available at the national level. Further breakdown by state and territory would give inaccurate results.</li><li>• Hysterectomy fractions are derived from the 2001 National Health Survey (NHS), and were validated in 2008 using data from the National Hospital Morbidity Database.</li><li>• Indigenous status is not collected by cervical cytology registers.</li></ul>
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<b>Institutional environment:</b>	<p>The National Cervical Screening Program (NCSP) is a joint program of the Australian Government and state and territory governments. The target age group is women aged 20–69 years.</p> <p>The NCSP is monitored annually. Results are compiled and reported at the national level by the Australian Institute of Health and Welfare (AIHW) in an annual <i>Cervical screening in Australia</i> report.</p> <p>Cervical cytology registries in each state and territory are maintained by jurisdictional Program managers. Data is supplied to the registries from pathology laboratories. Data from cervical cytology registers are provided to the AIHW annually in an aggregated format.</p>
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For further information see the AIHW website.

<b>Timeliness:</b>	Data available for the 2010 COAG Reform Council baseline report are based on the two-year calendar period 1 January 2007 to 31 December 2008. Data are presented as a rate for the two year period to reflect the recommended screening interval.
<b>Accessibility:</b>	The NCSP annual reports are available via the AIHW website where they can be downloaded free of charge.
<b>Interpretability:</b>	While numbers of women screened are easy to interpret, calculation of age-standardised rates with allowance for the proportion of the population who have had a hysterectomy is more complex and the concept may be confusing to some users. Information on how and why age-standardised rates have been calculated and how to interpret them as well as the hysterectomy fraction is available in all AIHW NCSP monitoring reports, for example, <i>Cervical screening in Australia 2006-2007</i> . Information on ABS data is available on the ABS website. Extensive information is also available on cervical screening and can be located both on the internet and in hard copy.

<b>Relevance:</b>	<p>The data used to calculate this indicator are relevant and of high quality. The cervical cytology registers collect information on all Pap tests undertaken in Australia except where women advise the clinician they do not wish to have their data collected.</p> <p>The use of Estimated Resident Populations (ERPs) based on Census data for denominators provide the most comprehensive data coverage possible. The data are entirely appropriate for this indicator.</p> <p>Denominators have been adjusted to account for the estimated proportion of women who have had a hysterectomy (these women have been effectively excluded from the calculation). National hysterectomy fractions were obtained from the 2001 National Health Survey, the first in a series of regular triennial health surveys conducted by the ABS. The fractions were validated in 2008 using data from the National Hospital Morbidity Database.</p>
<b>Accuracy:</b>	<p>Remoteness and socioeconomic status are based on postcode of residential address at the time of screening. However, while the numerator is based on the postcode that a participant reports at the time of screen, the denominator is based on population by Statistical Local Area. This generally means that data can be acceptable at the national level, but produce spurious results at the jurisdictional level.</p> <p>This indicator is calculated on data that have been supplied to the AIHW. Prior to publication, the results of analysis are referred back to jurisdictions for checking and clearance. Any errors found by jurisdictions are corrected once confirmed.</p> <p>Estimated Resident Populations are provided by the ABS.</p>
<b>Coherence:</b>	<p>While this is the first year of reporting this indicator, these data are published annually in Program monitoring reports prepared by the AIHW. The most recent of these reports is <i>Cervical screening in Australia 2006-2007</i>, published in 2009.</p>

## Source and reference attributes

**Submitting organisation:** Australian Institute of Health and Welfare

## Relational attributes

<b>Related metadata references:</b>	<p>See also <a href="#">National Healthcare Agreement: P11-Cervical cancer screening rates (National Aboriginal and Torres Strait Islander Health Survey), 2010 QS</a></p> <ul style="list-style-type: none"> <li>• <a href="#">Health</a>, Retired 12/03/2015</li> </ul> <p>Has been superseded by <a href="#">National Healthcare Agreement: P11-Cervical screening rates, 2011 QS</a></p> <ul style="list-style-type: none"> <li>• <a href="#">Health</a>, Superseded 04/12/2012</li> </ul>
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