National Healthcare Agreement: Pl 12-Bowel cancer screening rates, 2012 QS

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Identifying and definitional attributes

Metadata item type: Data Quality Statement

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Registration status: Health, Retired 14/01/2015

Data quality

Data quality statement summary:

- The suspension of the National Bowel Cancer Screening Program (NBCSP) due to a fault in the Faecal Occult Blood Test (FOBT) kit, and the subsequent remediation process, greatly affected the Council of Australian Governments (COAG) participation rates for 2009 and 2010. This should be taken into account when comparing these years to previous or future COAG data for this indicator.
- Remoteness and socioeconomic status are based on postcode of residential address at the time of screening.
- Indigenous status is self-reported by participating individuals. However, high non-response by participants means this data item currently does not give meaningful results.
- Lack of inclusion of people screened outside the NBCSP will result in an underestimate of the population screening rates in the target ages.
- Some data cells have been suppressed for confidentiality and reliability reasons (for example, if the denominator is less than 1,000, the numerator is less than 5, or the rate could not be sensibly estimated).

Institutional environment:

The NBCSP is a joint program of the Australian Government and State and Territory governments. The target ages are 50, 55 and 65 years.

The NBCSP is monitored annually. Results are compiled and reported at the national level by the Australian Institute of Health and Welfare (AlHW) in an annual National bowel cancer screening program monitoring report.

NBCSP data depend on the return of data forms from participants, general practitioners, colonoscopists and pathologists to the NBCSP register. The register is maintained by Medicare Australia. Data from the register are provided to the AIHW six monthly as unit record data.

Timeliness: Data available for the 2012 COAG Reform Council report is based on the calendar

period 1 January 2010 to 31 December 2010.

Accessibility: The NBCSP annual reports are available via the AIHW website where they can be

downloaded free of charge.

Interpretability: While numbers of people screened are easy to interpret, the NBCSP screening

pathway may be confusing to some users. Information on the NBCSP is available in

all AIHW NBCSP monitoring reports, for example, National bowel cancer

screening program monitoring report 2009.

Relevance:

This indicator is interim. It is important to note that additional bowel cancer screening is undertaken outside of the NBCSP. Data on people screened outside the program are not routinely collected; therefore, the level of underestimation of overall bowel cancer screening in Australia is unknown.

A postal area (POA) to remoteness concordance and a POA to socioeconomic status concordance are used to allocate persons screened to remoteness and socioeconomic status categories based on their postcode of residence. Concordances are based on the 2006 Census and postcodes, boundaries and socioeconomic status and remoteness regions may have changed over time, creating inaccuracies. Where postcodes are not available in these concordances, the person's participation data are excluded from the relevant disaggregation reported.

Socioeconomic status Index of Relative Socio-economic Disadvantage (IRSD) rankings are calculated by POA using a population based method at the Australia-wide level. These ranked socioeconomic status POAs are then allocated to their relevant jurisdiction, meaning quintiles should contain similar socioeconomic groups across states and territories.

Some data cells have been suppressed for confidentiality and reliability reasons (for example, if the denominator is less than 1,000, the numerator is less than 5, or the rate could not be sensibly estimated).

Self-reporting of Indigenous status within the program is poor, with around 35 per cent of participants generally not responding to this question on the NBCSP Participant details form. Thus, participation rates based on Indigenous status are considered too unreliable to be included.

The need to apply concordances to numerators and denominators introduces an unavoidable level of inaccuracy. These concordances are based on 2006 boundaries and classifications, while the current data for this indicator are for 2010. Overall, new postcodes may not have valid socioeconomic status or remoteness concordance data available, and many may have changed classification group since 2006 and be giving inaccurate information now. Data for participants whose postcode is not available in the socioeconomic status or remoteness concordance are excluded from the relevant disaggregation reported.

Persons are counted only once in the one-year reporting period 1 January 2010 to 31 December 2010, even if they were screened more than once during this period.

Similar data are published annually in NBCSP monitoring reports prepared by the AlHW. The most recent of these reports is *National bowel cancer screening program Monitoring report Phase 2, July 2008—June 2011.* In the NBCSP reports, screening rates are presented as a proportion of the number of invitations to participate in a given time. In this indicator screening rates are presented as a proportion of the estimated resident population (ERP) for people aged 50, 55 and 65 in the reference year.

NBCSP monitoring reports base a person's participation date as the date they were sent their kit, while this report bases participation by the date the pathology laboratory received their completed kit for testing, which may not be the same year as they were sent the kit. Consequently, results of this indicator will vary from Program participation presented in annual NBCSP reports and the results should not be compared.

The NBCSP was suspended between May 2009 and November 2009 and no invitations were sent out in this time period. Remediation processes took place in late 2009 and early 2010 and these greatly affected the COAG participation rates for 2009 and 2010. This should be taken into account when comparing data from these years to previous or future COAG data for this indicator.

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Relational attributes

Accuracy:

Coherence:

Related metadata references:

Supersedes <u>National Healthcare Agreement: PI 12-Bowel cancer screening rates, 2011 QS</u>

Health, Superseded 04/12/2012

Indicators linked to this Data Quality statement:

National Healthcare Agreement: PI 12-Bowel cancer screening rates, 2012

Health, Retired 25/06/2013