Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

National Cancer Screening Register Bill 2016, National Cancer Screening Register (Consequential and Transitional Provisions) Bill 2016

Ref No: 1

Topic: The process and decision-making on the Approach to Market for the National Cancer Screening Register Service Provider

Type of Question: Hansard Page 59 and Page 60 Thursday, 29 September 2016 Question on Notice

Senator: CAMERON and WATT

Question:

Could you provide details of that process and who made the final decision?
And specifically any involvement of the minister or the minister's office in the process.

Answer:

In late 2014, as part of Health's First Pass Business Case to the Department of Finance under the ICT Investment Approval Process, the Department considered a number of options to deliver a register to address limitations and weaknesses to support the expansion of the National Bowel Cancer Screening Register Program and the renewal of the National Cervical Screening Program. The risk, benefits, costs and stakeholder impact of each option was agreed between the Department of Finance and the Department of Health for Cabinet consideration as per the ICT Investment approval process.

Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

National Cancer Screening Register Bill 2016, National Cancer Screening Register (Consequential and Transitional Provisions) Bill 2016

Ref No: 2

Topic: The Approach to Market for the National Cancer Screening Register

Type of Question: Hansard Page 62 Thursday, 29 September 2016 Question on Notice

Senator: WATT

Question:

What dealings other parts of the Department of Health had with the Department of Human Services about whether the department (DHS) would tender, and what consideration was given within the Department of Health as to the merits of the Department of Human Services tendering.

Answer:

As was appropriate for probity reasons, there were no discussions between Health and DHS in relation to the tender process.

There was no assessment by the Department of Health as to the merits of DHS tendering.

Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

National Cancer Screening Register Bill 2016, National Cancer Screening Register (Consequential and Transitional Provisions) Bill 2016

Ref No: 3

Topic: The risk associated with procurement options for the National Cancer Screening Register

Type of Question: Hansard Page 63 Thursday, 29 September 2016 Question on Notice

Senator: WATT

Question:

Please provide the risk assessment that was done during the process of deciding to approach the open market for this service.

Answer:

First-Pass Business Case – Risk Assessment

The following is the risk assessment from the First-Pass Business Case, dated November 2014.

Option 1: Updates to state based registers (current arrangement)

Risks	Barriers
Inconsistent screening implementation With each State and Territory Government individually implementing the changes required for the screening renewal there is a risk of inconsistency and lack of clinical follow –up for clients who move across state and territory borders. **Financial burden, operationally** The long-term sustainability is questionable due to increasing screening cohorts and duplication of systems and functions at each State and Territory Government jurisdiction	**Legislative change** Changes are required to the following legislation to enable successful implementation: • MBS changes for new items/delisting • Amend to Human Services Medicare Program 2011 specifications **Cost effectiveness and value for money.** Significant manual operations of bowel screening become fiscally prohibitive as the screening cohort increases by 400% over the next 5 years

Option 2: Implement a single national screening register system – Hosted service

Risks	Barriers
eHealth adoption Successful realisation of some benefits will require a larger adoption of the PCeHR and eHealth secure messaging.	**Legislative change** Changes are required to the following legislation to enable successful implementation: • Amendments to HI Act • MBS changes for new items/delisting • Amend to Human Services Medicare Program 2011 specifications Commonwealth legislation will be introduced to ensure the reporting of participation and test results to the point of cancer diagnosis or re-screen. Advice has been sought from AGS.

Option 3: Implement a single national screening register system – In-house build

Risks	Barriers
There is a risk to delivery due to a lack of internal capability. Stakeholder adoption/buy-in.	This approach to systems development is not in alignment with the Health IT strategy and therefore Health is not well positioned to deliver this solution. An in-house build would risk buy-in/adoption from state and territory government as this approach may be perceived as a Commonwealth government takeover.

Option 4: Implement a single national screening register – utilising current NBCSR hosted in DHS.

Risks	Barriers
Stakeholder adoption/buy-in.	An in-house build would risk buy-in/adoption from state and territory government as this approach may be perceived as a Commonwealth government takeover. In addition, the current National Bowel Cancer Screening Register is not highly regarded [by stakeholders], with significant issues identified and documented in ATTACHMENT B. The current register is not reusable for a National Cancer Screening Register and does not provide an advantage to option 2.

Attachments

- Attachment A – Attachment B to risk assessment from the First Pass Business Case.

Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

National Cancer Screening Register Bill 2016, National Cancer Screening Register (Consequential and Transitional Provisions) Bill 2016

Ref No: 4

Topic: The Services Agreement between the Department of Health and Telstra

Type of Question: Hansard Page 63 Thursday, 29 September 2016 Question on Notice

Senator: SIEWART and REYNOLDS

Question:

Is there an intention to release the contract, or some redacted version of that, so that the broader public, health professionals, consumers and everybody can have an understanding of what Telstra has been contracted to do (including information about the service standards)?

Answer:

The draft Services Agreement was published on AusTender with the Request For Tender 124/1415 and is at Attachment B.

There were no significant material amendments between the clauses that appear in the draft Services Agreement and the executed version of these clauses.

The Service Levels and Service Standards as currently agreed between parties is at Attachment C.

The Department will provide the Committee the redacted version of the contract on Friday, 7 October 2016.

Attachments

- **Attachment B - Draft Services Agreement**
- **Attachment C – agreed Service Levels and Service Standards**

Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

National Cancer Screening Register Bill 2016, National Cancer Screening Register (Consequential and Transitional Provisions) Bill 2016

Ref No: 5

Topic: Amendments to the NCSR Bills proposed by the Office of the Australian Information Commissioner

Type of Question: Hansard Page 65 and page 66 Thursday, 29 September 2016 Question on Notice

Senator: SIEWART

Question:

What active consideration have you given to the types of amendments that are being proposed by the Office of the Information Commissioner (six proposals).

Answer:

Health is actively considering the following amendments to the NCSR Bill proposed by the Information Commissioner:

1. Amend clause 12(1)(n) to expressly require that research relating to healthcare, screening or a designated cancer comply with s95, s95A and s95AA of the Privacy Act.
2. Amend clause 12(1)(o) to replace 'anything incidental' with 'anything directly related' or remove this clause altogether.
3. Amend sub-clause 11(e) regarding contents of the Register to make it explicit that collection of Medicare claims information is limited to screening information for the designated cancers.
4. Amend the terminology in the NCSR Explanatory Memorandum to refer to Opt-out, consistent with the terminology used for the My Health Record.
5. Amend the NCSR Bill to include provision for a breach of the Bill to constitute interference with privacy for the purpose of the Privacy Act.
6. Amend the NCSR Bill to include a provision requiring the Register Operator (and others dealing with the Register) to notify breaches to the Information Commissioner consistent with section 75 of the My Health Record Act 2012.

National Cancer Screening Register Bill 2016, National Cancer Screening Register (Consequential and Transitional Provisions) Bill 2016

Ref No: 6

Topic: Evaluation of the Request For Tender 124/1415 – Victorian Cytology Service

Type of Question: Hansard Page 66 and Page 68 Thursday, 29 September 2016 Question on Notice

Senator: CAMERON

Question:

In relation to Victorian Cytology Services (VCS), in terms of the evaluation criteria, was a 'trusted service' and an 'experienced service' given any consideration? Can you provide us with details of how that was considered and what the outcome of those considerations were?

Answer:

The detail of the Request for Tender process for RFT 124/1415 is detailed in Part 1 – RFT Process and Conditions. Specifically, it provides information about the RFT; information on the Industry Briefing; participation; lodgement; tender content; and the RFT process, including the evaluation process and evaluation criteria (refer to Attachment D).

Information provided to tenderers in the Response Form documentation indicated: "The Tenderer should ensure that it provides sufficient detail to address each of the Evaluation Criteria including, as relevant, evidence that demonstrates its claims and track record, including relevant references and examples.

Health is looking for practical documentation that demonstrates the Tenderer's capability and experience".

The aspects of trust and experience were considered as part of Evaluation Criterion 1 – Element 5, specifically the extract from the evaluation report for VCS states:

EC1. The tenderer's Demonstrated Capability to Deliver the Outcomes	
2. User Satisfaction demonstrated ability to provide and maintain Services with which End Users are satisfied	The experience of VCS was considered in relation to user satisfaction including VCS's experience and knowledge in operating a cancer screening register for 25 years, demonstrated strength of the existing service delivery model based on technologies used for the National HPV Register and the SA Cervical Cancer

	Screening Register. The experience of VCS was also noted in relation to identifying a number of potential issues and risks, and possible solutions, facing the implementation of the Register. The experience of the resources proposed was assessed as very strong. VCS were assessed as having a lack of experience in running a large, national enterprise-grade ICT environment and that their proposed operating model required a high demand of resourcing.
5. Strategic Partnership demonstrated ability to build and maintain strategic relationships based on trust.	This element was assessed as a significant strength for VCS in relation to program policy. The negotiations provided VCS with the opportunity to demonstrate their commitment to Health, population health screening and program partners, specifically States and Territories and healthcare professionals, to fulfil the role of a trusted and responsive strategic partner for the betterment of the screening programs and the clinical outcomes of program participants. VCS confirmed that their expertise in this strategic partnership approach would be transferred to support the NBCSP, seeking opportunities to innovate and drive program change where efficiencies can be made.

Attachments

- **Attachment D – RFT Process and Conditions**

Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

National Cancer Screening Register Bill 2016, National Cancer Screening Register (Consequential and Transitional Provisions) Bill 2016

Ref No:. 7

Topic: Cost-Benefit analysis for the National Cancer Screening Register

Type of Question: Hansard Page 69 Thursday, 29 September 2016 Question on Notice

Senator: WATT

Question:

Just in case there is any doubt, could you please take on notice a request to produce that kind of cost-benefit analysis if that is a separate document to a risk assessment?

Answer:

The Cost-Benefit analysis was included in the second-Pass Business Case considered by Cabinet.

Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

National Cancer Screening Register Bill 2016, National Cancer Screening Register (Consequential and Transitional Provisions) Bill 2016

Ref No: 8

Topic: Governance and staff involved in the Evaluation of tenders and Implementation of the National Cancer Screening Register

Type of Question: Hansard Page 72 Thursday, 29 September 2016 Question on Notice

Senator: WATT

Question:

1. I would be interested to know the names of the departmental officials involved in those steps you were talking about. There was a board and there was an evaluation panel.

2. I am interested in the officials who are directly involved in the implementation of this register from a departmental point of view as well.

Answer:

The governance structure for the procurement consisted of:

- The Delegate
- The NCSR Project Board
- The Tender Evaluation Committee
- The Core Negotiation Team

Health's governance structure that was in place during the RFT process is included at Attachment E.

Members of the various evaluation bodies is at Attachment F.

In relation to the officials from the Department of Health directly involved in the implementation of the National Cancer Screening Register, Mr Marko Jankovic is the team leader responsible for the implementation of NCSR. Mr Jankovic is currently supported by a branch of 18 officers divided into business units with responsibility for policy, Information Technology and project management.

Attachments

- **Attachment E – Health's governance structure for the NCSR procurement process**
- **Attachment F – Departmental officers involved in the Tender Evaluation**

Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

National Cancer Screening Register Bill 2016, National Cancer Screening Register (Consequential and Transitional Provisions) Bill 2016

Ref No: 9

Topic: Timing of the advice to the Minister for Health of the Tender outcome

Type of Question: Hansard Page 73 Thursday, 29 September 2016 Question on Notice

Senator: REYNOLDS

Question:

Clarify the exact dates with respect to when the submission informing the Minister of the Tender outcome went to the Minister.

Answer:

The submission informing the Minister of the tender outcome is recorded in the Parliamentary Document Management System (PDMS) as being sent to the Minister's Office on 5 May 2016.

Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

National Cancer Screening Register Bill 2016, National Cancer Screening Register (Consequential and Transitional Provisions) Bill 2016

Ref No: 10

Topic: Consultation with the Royal Australian College of General Practitioners (RACGP)

Type of Question: Hansard Page 74 Thursday, 29 September 2016 Question on Notice

Senator: REYNOLDS

Question:

When you are looking at your communications in terms of consulting the Royal Australian College of General Practitioners, can you please confirm this.

Answer:

The **Standing Committee for the Renewal Implementation Project (SCRIP)** has had GP representation since its formation in the second half of 2014. GPs have been appointed to this group through the RACGP nomination process. The first GP appointed to SCRIP was Professor Amanda McBride who was replaced on 3 September 2016 by Professor Danielle Mazza.

SCRIP meetings include a NCSR update and the opportunity to discuss/raise concerns/provide input.

SCRIP has met 15 times between 21 October 2014 and 3 August 2016 Meetings. SCRIP is due to meet again in early October 2016.

RACGP / GP engagement – Bowel

Prof Jon Emery, **nominated by the RACGP**, has been a member of the National Bowel Cancer Screening Program Clinical Advisory Group since April 2012. There is an expectation that such members consult with their groups/nominating body where relevant. This particular advisory group has been consulted on, and advised about, the development of the register since October 2013. A review of the minutes from these meetings reveals at least 9 meetings between October 2013 and July 2016 where the establishment of a National Cancer Screening Register has been discussed.

In addition, Prof Emery was invited and attended a meeting held on 25 September 2013 to

discuss the purpose, principles, functions, and services of a national cancer screening register for the Program, and to provide input to the design to meet user needs (eg governments, health professionals and consumers).

Following release of the Request for Tender 124/1415, on 18 September 2015 Dr Evan Ackemann from the RACGP wrote to Health about the integration of the Register with the My Health Record. Dr Bernie Towler, Principal Medical Advisor responded on behalf of the Department on 9 October 2015.

On 3 August 2016, representatives of Health and Telstra Health met with representatives from RACGP and the Australian College of Rural and Remote Medicine to discuss the National Cancer Screening Register and upcoming changes for general practitioners.

The purpose of the meeting was to provide an update on the establishment of the Register, including key functions that aim to improve the involvement of GPs in the National Bowel Cancer Screening Program and the National Cervical Screening Program.

Further meetings with RACGP and ACRRM are planned as the implementation progresses.