## National Bowel Cancer Screening Program – Participant Follow-up Function

FEDERATION FUNDING AGREEMENT - HEALTH

| Table 1: Fo | ormalities and operation of schedule   |
|-------------|--|
| Parties     | Commonwealth   |
|             | New South Wales  |
|             | Victoria   |
|             | Queensland   |
|             | Western Australia  |
|             | South Australia  |
|             | Tasmania   |
|             | Australian Capital Territory   |
|             | Northern Territory   |
| Duration    | This Schedule is expected to expire on 30 June 2028  |
| Purpose     | This Schedule will support follow up participants of the National Bowel Cancer Screening Program (NBCSP) who receive a positive immunochemical faecal occult blood test (iFOBT) result and who have not progressed along the screening pathway for appropriate medical care, including clinical or diagnostic assessment by a healthcare provider and/or specialist.               |
|             | The Participant Follow-up Function (PFUF) is undertaken in accordance with nationally consistent guidelines and protocols with key activities including:   |
|             | <ul> <li>(a) contacting participants of the NBCSP where there is no record on the National<br/>Cancer Screening Register (NCSR) indicating that the participant has attended<br/>the necessary follow-up following a positive iFOBT;</li> </ul>  |
|             | (b) making timely updates to a participant's record on the NCSR following contact;   |
|             | (c) providing advice regarding the PFUF to the Commonwealth via the NBCSP Program Delivery Advisory Group, as needed;  |
|             | (d) participating in PFUF information sharing forums, including those facilitated by the Commonwealth and the NCSR; and  |
|             | (e) where viable and at the discretion of state and territory health departments,<br>and with necessary permissions from jurisdictional health services,<br>progressing follow up of missing Colonoscopy, Histopathology and Adverse<br>Events reports or other program related work to ensure data quality and<br>completeness, in a manner that is agreed with the Commonwealth. |

## Estimated financial contributions

The Commonwealth will provide an estimated total financial contribution to the States of \$38.829 million in respect of this Schedule.

| Total        | 2027-28      | 2026-27     | 2025-26     | 2024-25     | \$    |
|--------------|--------------|-------------|-------------|-------------|-------|
| \$11,701,688 | \$3,081,836  | \$2,980,116 | \$2,874,327 | \$2,765,409 | NSW   |
| \$9,624,520  | \$2,534,048  | \$2,450,860 | \$2,364,344 | \$2,275,268 | Vic   |
| \$7,764,013  | \$2,043,398  | \$1,976,808 | \$1,907,555 | \$1,836,252 | Qld   |
| \$2,826,322  | \$741,238    | \$718,699   | \$695,259   | \$671,126   | SA    |
| \$4,246,820  | \$1,115,849  | \$1,080,638 | \$1,044,018 | \$1,006,315 | WA    |
| \$1,085,475  | \$282,144    | \$275,136   | \$267,849   | \$260,346   | TAS   |
| \$642,903    | \$165,430    | \$162,371   | \$159,189   | \$155,913   | NT    |
| \$937,259    | \$243,057    | \$237,372   | \$231,459   | \$225,371   | ACT   |
| \$38,829,000 | \$10,207,000 | \$9,882,000 | \$9,544,000 | \$9,196,000 | TOTAL |

## Additional terms

## Additional Terms:

The Commonwealth will support the delivery of the PFUF by:

- (a) providing States and Territories (the States) with nationally consistent guidelines and protocols that guide delivery of the follow-up function, providing clarifications as needed;
- (b) maintaining the NCSR and ensuring the States are provided with electronic worklists identifying participants for follow-up;
- (c) providing the States with nationally consistent guidance and protocols for follow up of missing Colonoscopy, Histopathology and Adverse Events reports, or other program related work, agreed jointly by the Commonwealth and the States;
- (d) providing a template for the mandatory Pre-Configured Reporting (PCR) 701-705 for PFUF Annual Reporting. This template may be updated periodically in consultation with the States. States are required to provide these reports and may use their own templates if they prefer, as long as they include the required PCR.
- (e) providing advice to the NBCSP Program Delivery Advisory Group on the PFUF role, as needed.

The Parties acknowledge that the purposes of this agreement, reference to 'nationally consistent guidelines and protocols' includes the NBCSP Participant Follow-Up Function Minimum Guidelines, the PCR 701-705 for PFUF Annual Reporting and other relevant guidelines produced by the NCSR, such as quick reference guides and the NCSR User Guide. These operational documents may be varied periodically in consultation with the States to ensure national consistency and maintain data integrity of the NCSR, while allowing for tailored operational processes that meet jurisdiction-specific needs. Such updates to these operational documents do not constitute a variation of the FFA Schedule.

The Parties agree that States will support the effective and nationally consistent delivery of the PFUF through activities including:

- (a) having regard to the nationally consistent guidelines and protocols redeveloped by the Commonwealth in consultation with the States;
- (b) delivering the PFUF for NBCSP participants who receive a positive iFOBT result and who have not progressed along the screening pathway for appropriate medical care, including clinical assessment by a healthcare provider resulting in diagnostic assessment such as colonoscopy or other clinically relevant procedure;
- (c) making timely updates to NBCSP participant's records;
- (d) participating in the NBCSP Program Delivery Advisory Group and providing advice as required.

The parties agree that the States will provide an annual report to the Commonwealth that, at a minimum, contains; data reports generated from the NCSR for the relevant jurisdictions which includes information outlining the impact of PFUF activities, demonstrating the delivery of participant follow-up outcomes.

At the discretion of the States, annual reporting may also include feedback of any lessons learned to support the continuous improvement of delivery of the PFUF.

The Commonwealth supports the provision of health and emergency services through the public hospital system through the National Health Reform Agreement (NHRA). The NHRA provides that the Commonwealth will not fund a service where the same service, or any part of the same service, is otherwise funded by the Commonwealth. States will ensure that any claim for funding under the NHRA is not funding services, or any part of a service, provided for under this agreement and will maintain appropriate records.

The Parties acknowledge that the Commonwealth is separately supporting the States to expand existing direct access colonoscopy triage models for participants of the NBCSP that return a positive bowel cancer screening result and improve access to and reporting of public diagnostic colonoscopy services.

The Parties acknowledge that during the term of this Schedule the Commonwealth will conduct a review of the PFUF program in consultation with the States to assess its performance and assure its ongoing effectiveness.

| Output                     | Performance milestones   | Report due    | Payment   |
|----------------------------|--|---------------|---|
| Delivery of the NBCSP PFUF | Provision of an Annual performance report covering the period 1 April 2024 to 31 March 2025, as prescribed in Table 1. | 30 April 2025 | 100% of annual<br>allocation in accordance<br>with Table 1. |
|                            | Provision of an Annual performance report covering the period 1 April 2025 to 31 March 2026, as prescribed in Table 1. | 30 April 2026 |   |
|                            | Provision of an Annual performance report covering the period 1 April 2026 to 31 March 2027, as prescribed in Table 1. | 30 April 2027 |   |
|                            | Provision of an Annual performance report covering the period 1 April 2027 to 31 March 2028, as prescribed in Table 1. | 30 April 2028 |   |

The Parties have confirmed their commitment to this schedule as follows:

Signed for and on behalf of the Commonwealth of

Australia by

The Honourable Mark Butler MP Minister for Health and Aged Care

95/10/2024

**Signed** for and on behalf of the State of New South Wales by

**Signed** for and on behalf of the State of Victoria by

The Honourable Ryan Park MP

Minister for Health

/ /2024

The Honourable Mary-Anne Thomas MP

Minister for Health

/ / 2024

**Signed** for and on behalf of the State of Queensland by

**Signed** for and on behalf of the State of Western Australia by

The Honourable Shannon Fentiman MP Minister for Health, Mental Health and Ambulance Services

/ /2024

The Honourable Amber-Jade Sanderson MP

Minister for Health

/ /2024

**Signed** for and on behalf of the State of South Australia by

**Signed** for and on behalf of the State of Tasmania by

The Honourable Chris Picton MP
Minister for Health and Wellbeing
/ / 2024

The Honourable Guy Barnett MP
Minister for Health
/ / 2024

**Signed** for and on behalf of the Australian Capital Territory by

**Signed** for and on behalf of the Northern Territory by

The Honourable Rachel Stephen-Smith MLA Minister for Health

5 March 2025

The Honourable Steven Edgington

Minister for Health

/ /2024