MINISTRY OF HEALTH
MANATŪ HAUORA

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Memorandum: Briefing on the National Bowel Screening Programme for Morning Report on 1 November 2017

To: Hon Dr David Clark, Minister of Health

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Purpose

This memorandum provides you with a briefing on the implementation of the National Bowel Screening Programme (NBSP) which is due to be fully rolled out by the end of the 2019/20 financial year. A full and in depth briefing will be provided the week commencing 6 November 2017.

Background

1. Bowel cancer is the second most common cause of cancer death in New Zealand after lung cancer; with 3,075 new cases diagnosed and 1,252 deaths recorded in 2013.
2. Risk of developing bowel cancer rises steeply from 0.6 percent at age 50, to 5.6 percent by the age of 75 years.
3. The primary objective of bowel screening is to reduce the mortality rate by diagnosing and treating bowel cancer at an earlier more treatable (and less costly) stage.
4. A bowel screening pilot has been running in the Waitemata DHB since 2011 and is due to complete the third screening round in December 2017. By March 2017 the pilot had detected bowel cancer in 375 people. Data collected during the pilot provided vital information on participation levels, cancer detection rates and the impact on health services, and helped inform the NBSP.
5. The pilot confirmed that:
    - Bowel screening can be safely introduced in New Zealand
    - It provides health benefits and is cost saving
    - Enabling equal participation is essential
    - Sufficient colonoscopy workforce capacity is critical to a successful roll-out
6. On 24 August 2016 the Cabinet Social Policy Committee approved the Programme Business Case for the full National Bowel Screening Programme roll-out at an estimated 20-year whole of life cost of [s9(2)(f)(iv) active consideration].
7. Budget 2016 allocated $39.3 million over four years for the establishment of the National Bowel Screening Programme with Budget 2017 providing a further $38.5 million to continue the roll-out. A further budget bid for the remaining cost of the NBSP roll-out will be submitted for Budget 18.
8. The Ministry is currently on track to implement the NBSP over the next three years:
    - Hutt Valley and Wairarapa DHBs commenced screening on 17 July 2017.
    - Waitemata DHB transitions from pilot to national programme 1 January 2018.
    - Southern and Counties Manukau DHBs commence screening by 30 June 2018.
    - Remaining 15 DHBs implement between 1 July 2018 and 30 June 2020.

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9. Implementing bowel screening is a complex process with a number of operational, technical and clinical dependencies, such as facilities, equipment and staffing. Roll-out is reliant on the ability of each DHB to provide clinically safe and appropriate services. If a DHB is not ready, the go-live date will be altered, and this may impact the completion date for NBSP implementation.

10. The dependencies and challenges associated with the implementation of NBSP are being carefully managed within a very tight roll-out timeframe.

Information technology to support bowel screening

11. A fit for purpose national screening information technology solution is critical for the safe delivery of the NBSP.

12. The Ministry is currently working through the evaluation of proposals received in response to its procurement process for the national screening information technology solution.

13. To facilitate roll-out of the NBSP the pilot information technology system was enhanced to support Hutt Valley and Wairarapa DHBs. This interim solution will continue to support implementation at some DHBs until the national screening information technology solution is available.

14. The interim system does not enable a nationally integrated NBSP and DHBs on the interim system will migrate to the national solution at the appropriate time.

The Bowel Screening Pathway

15. Those identified as eligible for screening are sent an invitation letter, a consent form and a free bowel screening test kit.

16. Invitation letters, the test kits and follow-up of non-participating invitees is undertaken by the NBSP Coordination Centre.

17. DHBs deliver colonoscopies, overseen by four regional centres providing clinical leadership, quality management and equity in their area.

18. DHBs are responsible for surgical and cancer treatment.

19. Primary care has an important part to play in the success of the NBSP. General practitioners and practice nurses will discuss and manage positive test results with their patients. They also have a key role in encouraging participation, helping to achieve quality, and raising awareness of bowel cancer symptoms and family history of bowel cancer.

20. Once implemented across all DHBs the NBSP will:
    - Invite over 700,000 people aged 60 to 74 years every two years.
    - Achieve anticipated participation rate of 62% with 210,000 returning a test kit; 9,300 having a colonoscopy and 500-700 have cancer detected.

Media interest

21. Previously there has been media interest in the following:
    - The age range change from 50 to 74 years in the pilot to 60 to 74 years in the national programme.
    - The positivity threshold in the screening test from 75 to 200ng.
    - Flexible sigmoidoscopy as a one-off screening test at a designated age

22. The pilot parameters for both age and Faecal Immunochemical Test (FIT) level were intentionally broad to gather as much information as possible to determine the optimum age range and positivity threshold for the national programme to best balance cancer detection with colonoscopy capacity.

23. International research shows that more people will undertake the FIT test than a one-off flexible sigmoidoscopy. So over time, more cancers are likely to be detected using a FIT due to the higher

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participation rate and the fact that the FIT is offered every two years, giving repeated opportunities to detect bowel cancer.

Next Steps

24. Ministry officials will be available at your office prior to the interview.
25. You are yet to be fully briefed on operational matters and the Ministry will provide a detailed briefing on the progress of the NBSP implementation week commencing 6 November 2017.

END.

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