MINISTRY OF HEALTH
MANATŪ HAUORA

Database number: 20180712

Security classification: In-Confidence

DISPATCHED
27 APR 2018

Quill record number: H201802395
File number: AD62-14-2018
Action required by: 2 May 2018

Meeting with Associate Professor Michael Schultz, New Zealand Society of Gastroenterology

To: Hon Dr David Clark, Minister of Health

Purpose

This briefing provides you with information for a meeting with Associate Professor (Assoc Prof) Michael Schultz, President, New Zealand Society of Gastroenterology (NZSG), on 3 May 2018, between 10.00am and 10.30am in the Beehive (Executive Wing 5.5). Assoc Prof Schultz will be accompanied by Dr Malcolm Arnold, who is the Incoming President of the NZSG, and a gastroenterologist at Hawke's Bay District Health Board (DHB). The Ministry of Health (the Ministry) has attached brief biographies for Assoc Prof Schultz and Dr Arnold at Appendix one.

Topics to be discussed

1. The meeting will cover the National Bowel Screening Programme (NBSP) specifically the numbers of colonoscopists needed as the NBSP rolls out, Out of scope Out of scope
2. The meeting has been scheduled as an opportunity to meet and greet the NZSG. You may wish to note that the NZSG has recently completed a survey of its members about workforce and demand for services.
3. The NZSG may provide you with a summary, or complete survey report.

Background about the New Zealand Society of Gastroenterology

4. The purpose of the New Zealand Society of Gastroenterology (NZSG) is to advance the knowledge of gastroenterology in New Zealand.
5. The NZSG:
   a. promotes improved standards in the practice of gastroenterology, and of research into gastroenterology and allied subjects
   b. conducts scientific and educational meetings
   c. fosters national and international links with Societies and Associations relevant to the field of gastroenterology
   d. has a strong Association with the New Zealand Nurses Organisation (NZNO) Gastroenterology Nurses College.
6. Members of the NZSG are specialist gastroenterologists, physicians with an interest in gastroenterology, gastrointestinal surgeons, gastrointestinal pathologists, medical scientists and trainees in gastroenterology. The Society currently has a membership of 155.
7. The NZSG is a member of the World Gastroenterology Organisation, Asia Pacific Association of Gastroenterology and the Asia Pacific Society for Digestive Endoscopy. Members of the NZSG serve on various subcommittees and Boards of these international organisations.

Contacts:	Jill Lane, Director, Service Commissioning	s 9(2)(a)
	Astrid Koornneef, Group Manager, National Screening Unit	

National Bowel Screening Programme – Role of colonoscopists

8. Participants in the National Bowel Screening Programme (NBSP) will be referred for a colonoscopy if their Faecal Immunochemical Test (FIT) returns a positive result (there is at least 200ug/ml of blood in the faecal sample provided).

9. The colonoscopy examines the full length of the bowel, and the colonoscopist is able to remove benign polyps and adenomas, which if left could grow into cancer. The colonoscopy may also identify bowel cancers, which if diagnosed at Stage I or Stage II, can be successfully treated and cured.

10. To reduce the risk of harm to patients, whilst maximising patient benefit, the FIT level was raised from 75ug/ml in the Bowel Screening Pilot to 200ug/ml. One of the most important considerations for the Ministry is implementing a safe, quality, equitable bowel screening programme without displacing symptomatic patients that require a colonoscopy. A key component of achieving this is the colonoscopy capability and capacity within each DHB.

11. In 2016, Health Workforce New Zealand (HWNZ) modelled the number of colonoscopists needed to successfully implement the NBSP. The NZSG has expressed ongoing concern around colonoscopy capacity and recently surveyed its members (between November 2016 and November 2017) to create a baseline data set. The NZSG will provide you with the survey outcome at the meeting.

12. The Ministry has not received a copy of the survey findings, and is unable to advise you on the robustness of NZSGs results at this time.

13. The Endoscopy Governance Group for New Zealand (EGGNZ) receives funding from the Ministry of Health (the Ministry) to set the National Endoscopy Quality Improvement Programme (NEQIP), which will support the clinical safety of all colonoscopy procedures undertaken in the public health system.

14. On 8 January 2018, EGGNZ wrote (P180129 refers, along with the response letter at Appendix two) to you requesting that DHBs have full NEQUIP accreditation before the NBSP is rolled out. The Ministry does not support this position as full accreditation could further delay the roll out of the NBSP beyond the end of the 2020/21 financial year as it would take some time to implement.

15. In a letter dated 15 April 2018, the Ministry did confirm with EGGNZ that the Ministry will work towards engaging a provider to undertake accreditation activity as soon as this can be achieved. In the interim, the Ministry's process for accreditation, before a DHB joins the NBSP, is set out in paragraph 22.

16. Initiatives to strengthen the endoscopy workforce have included increasing the number of trainees for specialities involved in delivering colonoscopies and delivering an endoscopy training programme for nurses. The first cohort of nurses able to perform endoscopy will be providing services from 2018.

17. The NZSG supports the nurse endoscopy training, but there are limited training places available, and the entry requirements are relatively high. The cost of training four nurse endoscopists is $495,704 a year, and finding supervisors during the training programme is challenging.

18. The NZSG has identified difficulties in attracting registrars to specialise in colonoscopy, with the associated training time required within DHBs.

Colonoscopy Wait Time Indicators

19. Government has invested $19 million to delivering more colonoscopies, and reducing colonoscopy waiting times.

20. The Ministry's colonoscopy Wait Time Indicators (WTI) includes those waiting for colonoscopies, and those scoped for colonoscopies. The colonoscopy WTI figures for January 2018 are attached at Appendix three.

21. The Ministry does not publicly release the colonoscopy WTI. DHB Individual performance against colonoscopy WTI was included in a survey sent to each DHB in May 2016. The purpose of the

survey was to provide information for the NBSP Programme Business Case, approved by Cabinet in August 2016 [SOC-16-MIN-0108 refers]. The surveys have been released regularly under the Official Information Act 1982, most recently to Karen Brown (H201800591 refers).

22. One of the most important considerations for the Ministry is implementing a safe, quality, equitable bowel screening programme without displacing symptomatic patients that require a colonoscopy. A key component of achieving this balance is the capability and capacity within each DHB. The Ministry uses the four areas listed below, plus any feedback provided by the DHB itself, to assess a DHB's readiness to implement the NBSP. The four areas are:
    a. DHB capacity and capability (a holistic overview of the DHB including other health priorities, other major projects in train, how they are meeting targets for Faster Cancer Treatment and colonoscopy performance)
    b. cancer incidence
    c. percentage of eligible population
    d. percentage of eligible priority population.
23. National colonoscopy WTI performance has steadily improved, with fewer patients waiting longer than recommended for a colonoscopy, down 56 percent in June 2017 compared to June 2014. However, increased demand and higher targets for wait times has been a challenge and colonoscopy WTI performance has plateaued (September to December 2017).
24. The Ministry is using a number of mechanisms to prepare DHBs to roll-out bowel screening. Expectations are outlined in the DHB annual planning process and the Ministry monitors performance against expectations and symptomatic colonoscopy WTI. The Bowel Screening Regional Centres also support colonoscopy production planning to smooth capacity and demand across the region.

Availability of medication to treat hepatitis B and hepatitis C

Out of scope

[redacted]

Treatment of hepatitis C

Out of scope

[redacted]

Out of scope

Inflammatory Bowel Disease

Out of scope

Health Select Committee (the Committee)

Out of scope

END.

[1] The Goodfellow Unit produces learning resources for Continuing Professional Development in general practice and primary health care.

Appendix One – biographies

Background about Associate Professor Michael Schultz

Assoc Prof Schultz has an interest in:

- Colonoscopy
- Gastroenterology
- Gastroscopy
- Liver Biopsy
- Wireless Capsule Endoscopy.

He has a special interest in IBD (Crohn's Disease and Ulcerative Colitis), and he provides individualised treatment for hepatitis B and C.

He specialises in all aspects of gastroenterology and provides consultation services as well as interventions in private practice, as well being a leader of a basic science laboratory at the University of Otago and Primary Investigator for several international pharmaceutical trials.

Biography from Dr Malcolm Arnold

Dr Arnold is from Falkirk, Scotland and studied medicine at Glasgow University graduating in 1984 and specialises in gastroenterology.

He worked for four hospitals in Scotland and England specialising in both general medicine and gastroenterology and did three years of research in Manchester into the effects of Non Steroidal Anti-Inflammatory drugs on the gut.

Since 2013 he has been involved with the National Endoscopy Quality Improvement Programme (NEQIP), initially as Clinical Support Lead, and since 2016 as Clinical Lead. NEQIP's role is to instil and enhance quality in Gastro Intestinal endoscopy in all Gastroenterology units throughout New Zealand.

He has have worked closely with Assoc Prof Susan Parry (Clinical Director of the National Bowel Screening Programme), and with Dr Russell Walmsley, chair of the Endoscopy Governance Group of New Zealand (EGGNZ).

He was head of department of medicine in Hawke's Bay for two years before becoming the Medical Director of acute and medical services with approximately 44 senior medical officers reporting to him.

He is a member of the Hawke's Bay Medical Research Foundation's Scientific Research Committee, a Board member of the Crohn's and Colitis Society of New Zealand, and have attended as medical volunteer four of the five annual Camp Purple camps for children with IBD.

He is a member of the New Zealand Society of Gastroenterology (NZSG), and will take up the position of president of the Society in November 2018.

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Appendix Two – correspondence from The Endoscopy Governance Group for New Zealand, and proposed response from Minister

EGGNZ
The Endoscopy Governance Group for New Zealand

The Endoscopy Governance Group for New Zealand
Level 2, 650 Great South Road
Penrose 1051
PO Box 112147
Penrose, Auckland 1642

Bowel Screening

Isabel

P180129

Received
15 JAN 2018
Office of Hon David Clark

8 January 2018

Hon. Dr David Clark
Minister of Health
Freepost PO Box 18 888,
Parliament Buildings,
Wellington 6160

Dear David,

Congratulations on your appointment to the position of Minister of Health. We wish you a fruitful time in office.

I would like to introduce the Endoscopy Governance Group for New Zealand (EGGNZ). Our aim is to support Quality of Endoscopy across the public and private sectors in New Zealand. We have engaged a large stakeholder group including clinicians, educational providers and health managers to achieve this.

We provide governance and guidance to the National Endoscopy Quality Improvement Programme (NEQIP). The NEQIP is rolling out the New Zealand Global Rating Scale (NZGRS) across the country and we are working with them to develop an Accreditation model which will ensure and maintain standards in Endoscopy throughout New Zealand.

Initial work of EGGNZ (as funded by The Ministry) has been to develop Standards for Colonoscopists and Endoscopy Units to participate in the Bowel Cancer Screening Programme[1,2].

The quality of Endoscopy is crucial to the Bowel Cancer Screening programme, as illustrated by the tragic cases of missed colon cancers in the Irish screening program reported earlier this year (copy of the Health Services Report attached). It was in response to these events and a report by Sapere in 2015 that the Ministry agreed to fund EGGNZ and NEQIP for a term of up to 3 years.

To help ensure that we have done our best to mitigate negative outcomes we ask you to prioritise Ministry support for Quality in Endoscopy. Firstly we would ask that you make resources available to move the development of accreditation forward as quickly as possible. Secondly we would ask that achievement of full Accreditation of Endoscopy Units is made compulsory before a DHB is given a Bowel Screening contract.

We realise that your predecessor already committed to the next DHBs to be implementing bowel screening and that there is currently a system in place to ensure that this work will be done safely but to ensure the highest standards and safety for New Zealanders it is essential to make accreditation of endoscopy units compulsory as soon as is practicable.

We would welcome a chance to talk through how we can help bring this great opportunity of Bowel Cancer Screening to the people of New Zealand in as safe and effective way as possible.

Yours sincerely

Dr Russell Walmsley, Chair
The Endoscopy Governance Group for New Zealand

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[1] Endoscopy Standards for Individual Colonoscopists Performing Bowel Cancer Screening in New Zealand
[2] Endoscopy Unit Standards for Performing Bowel Cancer Screening in New Zealand

Note: this is a draft letter and was not sent

Dr Russell Walmsley
Chair
The Endoscopy Governance Group for New Zealand
PO Box 112147
Penrose
Auckland 1642

Ref. P180129

Dear Dr Walmsley

Thank you for your letter of 8 January 2018 introducing the work of the Endoscopy Governance Group for New Zealand (EGGNZ). I appreciated your kind words on my appointment as Minister of Health, and apologise for the delay in replying to you, due to the large amount of correspondence my office has received since the Government was formed.

The Ministry of Health has advised me that it has made an ongoing commitment to fund the National Endoscopy Quality Improvement Programme (NEQIP), which will ensure the clinical safety of all colonoscopy procedures undertaken in the public health system. I understand the Ministry is working with EGGNZ to develop a sustainable delivery model for the programme going forward.

I acknowledge your request that full accreditation of Endoscopy Units is made compulsory before a DHB is given a bowel screening contract. As you will be aware, the rollout of the National Bowel Screening Programme (NBSP) will now finish in 2020/21 rather than 2019/20 as the previous Minister of Health had announced. The Ministry assures me that contracts will not be entered into with DHBs that do not meet clinically safe and appropriate services when assessed by the Ministry. If a DHB is not ready, the go-live date will be altered accordingly.

The Ministry is committed to ensuring that the highest clinical endoscopy standards are met, but requiring full accreditation of Endoscopy Units as part of the go-live NBSP could further delay the full implementation of the programme. I understand that the Ministry and EGGNZ meet quarterly, and encourage you to discuss this and other issues with the Ministry.

As you will appreciate, I have received many meeting requests since my appointment as Minister of Health and it is simply not possible for me to accept all of them.

Thank you for your letter — I assure you that all issues I am encountering as Minister of Health will be taken into account as we consider our future policy direction.

Thank you for writing to me.

Yours sincerely

Hon Dr David Clark
Minister of Health

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Appendix three – Colonoscopy Wait Time Indicators by DHB as at January 2018

Table 1. Colonoscopy Wait Time Indicator: Rate (January 2018)

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