Appendix 11: CEO Agreements

The CEOs from every DHB have signed up to the following statement:

' I agree in principle, with the support of the Board Chair, that delivery of the bowel screening services according to the national bowel screening pathway and standards ([n the six month timeframe provided] is achievable for my DHB subject to the Ministry Budget 2017 bid, (please sign):'

George Thomas – Acting Chief Executive Officer, Taranaki DHB

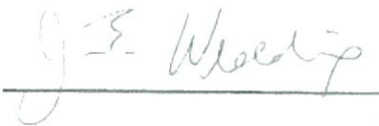
Margaret Hill – Acting Chief Executive Officer, South Canterbury DHB

David Meates - Chief Executive Officer, Canterbury DHB

David Meates - Chief Executive Officer, West Coast DHB

Lexie O'Shea - Acting Chief Executive Officer, Southern DHB

Nick Saville Wood – Acting Chief Executive Officer, Lakes DHB



Nick Chamberlain - Chief Executive Officer,Nortland DHB

Ailsa Clare Chief Executive Officer, Auckland DHB

Helen Mason - Chief Executive Officer, Bay of Plenty DHB

Kevin Snee - Chief Executive Officer,Hawkes Bay DHB

Chris Fleming - Chief Executive Officer, Nelson Marlborough DHB

Dale Bramley- Chief Executive Officer, Waitemata DHB

Ashley Bloomfield - Chief Executive Officer, Hutt Valley DHB

Brett Paradine - Executive Director Waikato Hospital, Waikato DHB

Julie Patterson - Chief Executive Officer, Whanganui DHB

ssful Ministry Budget bid 2017 tha
quality programme, (please sign)

Adri Isbister - Chief Executive, Wairarapa DHB

Kathryn Cook - Chief Executive Officer, Mid Central DHB

Geraint Martin - Chief Executive Officer, Counties Manukau DHB

James Green - Chief Executive, Tairawhiti DHB

Debbie Chin, Chief Executive Officer, Capital and Coast DHB

Appendix 12: High Level Procurement Approach for NCC

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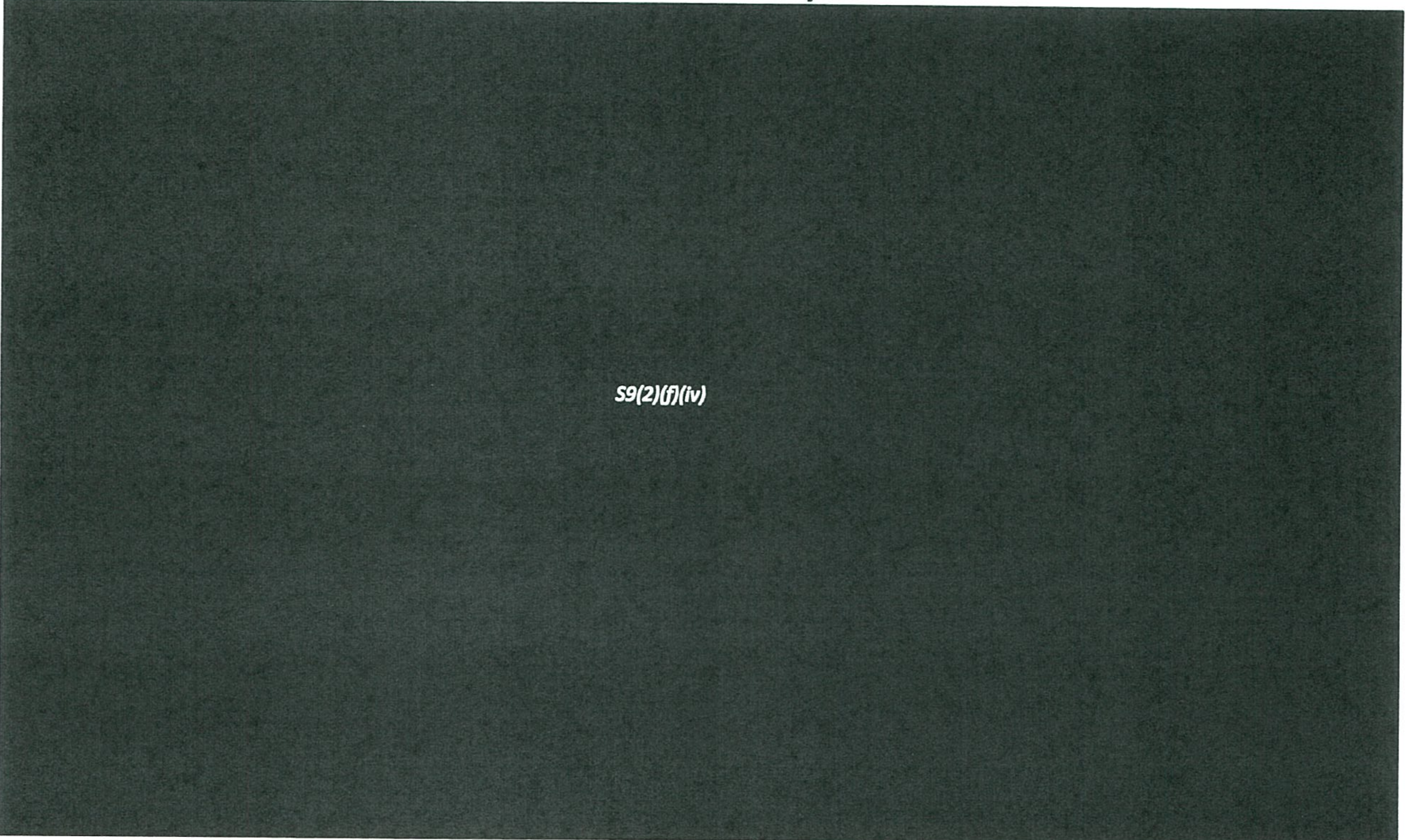
Appendix 13: Programme Indicative Financial Analysis



Appendix 14: Programme Governance

Programme Accountability

Group	Responsibilities
Cabinet	Cabinet is the central decision making body of executive government. It directs government policy and make decisions about national issues. In relation to the National Bowel Screening Programme, to consider the case for investment and decide whether to approve investment.
Minister of Health	The Minister decides both the direction and the priorities for the department. The Ministers is responsible for determining and promoting policy, defending policy decisions, and answering in the House on both policy and operational matters. In relation to the National Bowel Screening Programme, the Minister is responsible for promoting the proposed investment and ensuring, if approved by Cabinet, that the Programme is implemented successfully.
Ministry of Health Director General	Chief executive of the ministry, responsible for leadership and direction for the health sector. The DG he works closely with other public service colleagues in other ministries and provides support and advice to the minister of health. In relation to the National Bowel Screening Programme, the DG is accountable for ensuring the successful implementation of the NBSP
Ministry of Health Executive Leadership Team	Provides overall governance; monitors the financial investment; makes decisions and manages risks and issues that are escalated from the NBSP Governance Group.
NBSP Governance Group	Provide leadership and strategic direction for the implementation of a NBSP, Provide the Senior Responsible Owner with guidance, recommendations and support to make the best decisions for the NBSP implementation and ensure that the NBSP implementation is completed on time, within budget and to an acceptable quality.
NBSP Steering Group	The NBSP Steering Group would oversee the operational aspects of the NBSP implementation. Possible membership could include Ministry of Health representation from the National Screening Unit, Technology and Digital Services, the Capital team, Finance and Performance, Health Workforce New Zealand, the Māori and Pacific leadership as well as representation for key stakeholders such as DHBs, PHOs and senior clinicians.
Ministry NBSP Programme Team	Complete the programme actions through all stages from business case development to implementation. Specific tasks include: • Complete programme actions, including writing the business case, undertaking sector consultation, and completing a budget bid. • If an NBSP is approved, the programme team would manage the implementation of the programme, including oversight of the tranches. • Complete programme assurance requirements. • Regular reporting against the project plan. • Organising the meetings of the NBSP Governance and NBSP steering Groups. Monitoring and managing risks and issues, finances, benefits realisation, scope and change; including appropriate and timely escalation as required to the NBSP Steering Group.

Programme Advisory

Group	Responsibilities
Bowel Screening Advisory Group	Provide advice to the programme team on the clinical and implementation aspects of the programme. Note: The membership of this group would be reviewed to include greater sector involvement if a decision is made to have an NBSP.
National Screening Advisory Committee	Provide strategic screening advice.

Other interested groups (receive progress reports and papers as appropriate, for noting only):

- National Bowel Cancer Working Group
- Cancer Programme Steering Group

Programme Assurance

Group	Responsibilities
Office of the Government Chief Information Officer (GCIO)	The ICT Assurance Team provides government and the public with assurance and confidence that ICT-enabled projects and programmes within the State Services are effectively managed to deliver expected outcomes, and that ICT risks and processes are identified and managed effectively. This process is not about compliance but rather assurance at key decision points. All high and moderate risk ICT-enabled projects and programmes must have an approved, costed and resourced ICT Assurance Plan to ensure the Programme Owner and Ministers have confidence that the investment will deliver the expected outcomes. The plan should include information on the approach for IT change management. The GCIO team offer access to list of trusted providers of Independent Quality Assurance (IQA) and Technical Quality Assurance (TQA) that the programme will access.
Gateway	Gateway is an assurance methodology for major investments. It is independent and confidential peer review process that examines projects and programmes at key points in their lifecycle to assess their progress and likelihood of successful delivery of their outcomes. Gateway is not an audit and does not stop a project or programme. The Gateway process increases confidence in alignment of projects with Government strategic objectives and the investment decision as well as assurances in respect to the delivery of stated benefits within agreed timeframes and budget.
Major Project Monitoring	Programme oversight delivered by Treasury's Investment Management and Asset Performance (IMAP) team. The IMAP team assists Ministers and Chief Executives to have confidence that investment decisions are informed and prioritised well and align with governments long-term goals as well as ensuring confidence the investment portfolio is delivering outcomes of high public value in a robust and transparent manner.
Ministry of Health Internal Assurance: Capital Investment Committee (CIC)	Responsible for the centrally-led process for the national prioritisation and allocation of health capital investment in the health sector. The CIC advises the Ministers of Health and Finance and the Director General of Health on matters relating to capital investment and infrastructure in the public health sector. CIC will review and the provide advice to Ministers on the business cases.
Independent Quality Assurance (IQA)	Would be undertaken as part of the overall programme assurance process. IQA would include both the clinical and IT elements of the programme.

Key Roles

Role	Responsibilities
Programme Senior Responsible Owner (SRO)	The role of the SRO is to champion and provide support to the Programme and Tranche teams as required, to ensure ongoing alignment with organisational priorities and to provide support in approval forums. The SRO is responsible for: • Overseeing the Programme to ensure that it remains within the approved scope, timescales and budgets and would enable the realisation of the desired benefits. • Holding and authorising allocation of the Programme budget. • Leading communications with internal and external stakeholders and ensuring that the Governance groups are kept appropriately informed on progress, risks and issues. • Resolution of issues beyond the scope of the Programme Manager.
NBSP Programme Director	The purpose of the role is to lead the development, design and implementation of the Programme. The role is accountable to the Programme SRO. The role is responsible for: • Overall responsibility for the Programme. • Relationship and agreement with providers. • Development and implementation of the Programme plan and business cases. • Leadership of stakeholder engagement. • Monitoring and reporting overall progress, including timely escalation of risks and issues. • Support individual DHBs with the development, design and implementation of the projects.
NBSP Clinical Director	The purpose of this role is to provide clinical advice to inform the business case and implementation of the programme; and support DHBs and providers with the clinical aspects of planning and implementation of the programme.
NBSP Programme Manager	The purpose of this role is to lead the implementation of the Programme. The role is accountable to the Programme Director. Key responsibilities include: • Detailed programme planning for the business case and implementation planning with providers. • Liaison with Tranche Implementation project managers and teams. • Support to individual DHBs with the development, design and implementation of the NBSP.
Tranche Project Management	The purpose of these function is to lead the development, design and implementation of the Tranches. The Tranche project management would be coordinated by the NBSP Programme Manager and are responsible for: • Ensuring that tasks are completed on time and to budget. • Advising deviations from plan and recommending/implementing corrective actions. • Identifying, recording and managing risks and issues. • Liaison with key internal stakeholders and external suppliers. • Ensuring delivery on time, within budget and to specification. • Providing regular update reports to the NBSP Steering Group, via the Programme Manager

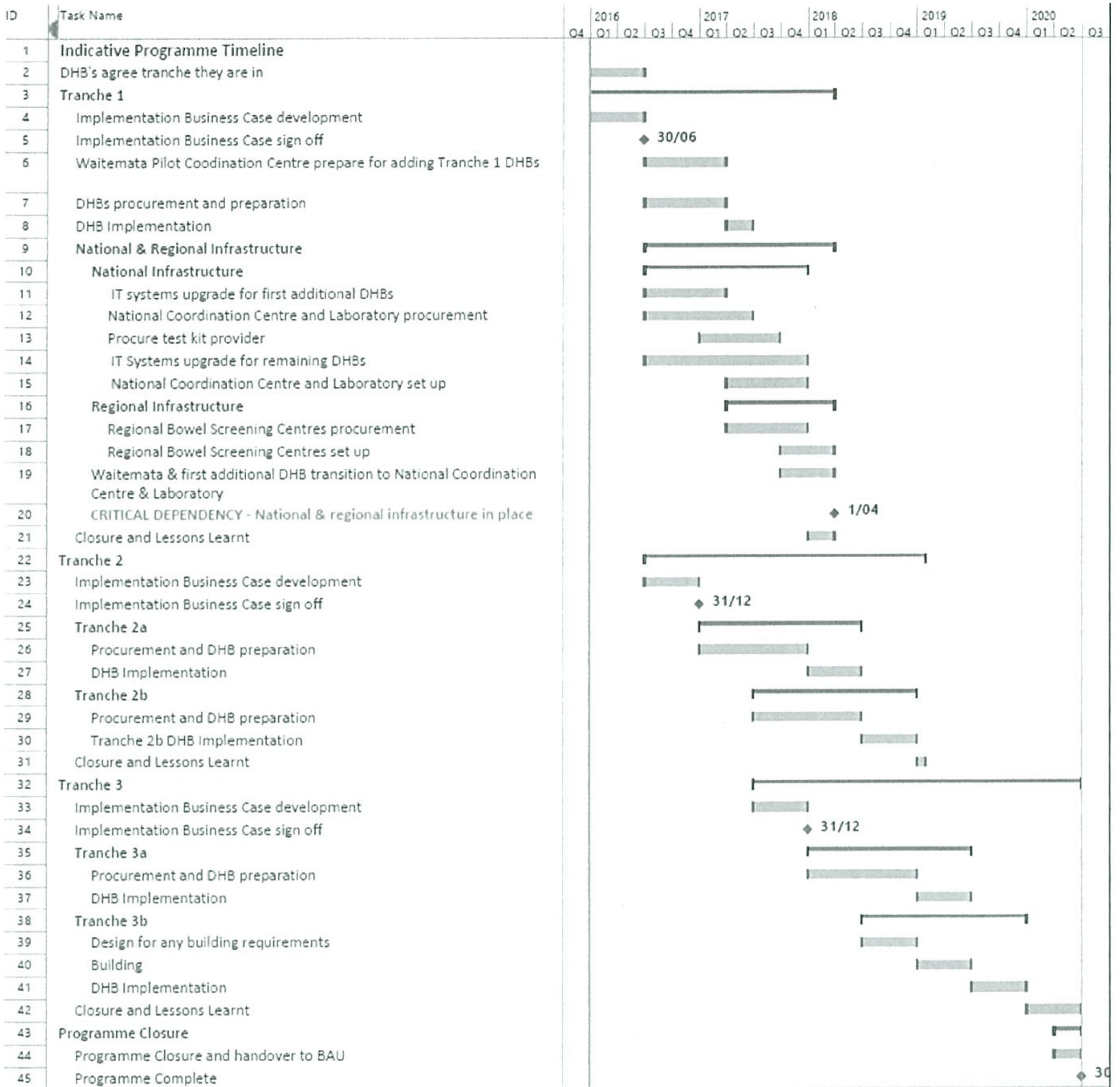
Escalation Pathway:

The escalation pathway for issues that cannot be resolved is summarised below.

- The Senior Responsible Owner would formally escalate the issue to the NBSP Governance Group with a recommendation on required/proposed actions and timeframes.
- If the issue cannot be resolved by the NBSP Governance Group, the SRO would escalate to the Ministry of Health Executive Leadership Team (ELT), with a recommendation on required/proposed actions and timeframes.
- If the Ministry of Health ELT does not have the authority or considers that the issue needs direction from the Minister of Health or DHBs, it would engage with the Minister of Health or DHBs directly.

Should the issue result in a change of direction, scope, outcomes, timeframes and costs, a formal Programme Change Request would be processed as appropriate.

Appendix 15: Indicative Programme Timeline - Gantt



Appendix 16: Summary Communication Plan

Approach

Communicating and engaging with a wide range of stakeholders is critical for the success of the Programme. The approach, objectives, tools and activities, roles and key messages are described in the Programme Communications Plan[57].

This Plan sets out the key stakeholders for the NBSP, what needs to be done to support their communication needs and keep them informed and engaged. A detailed Communications Calendar has been developed to log activities and actions.

Communication Objectives

The communication objectives for the Programme are:

- To provide an integrated approach to communications and engagement during the roll-out of the NBSP;
- To develop and deliver clear, consistent messages that meet the needs of different audiences and stakeholders;
- To ensure key stakeholders receive clear, timely and accurate information and relationships are well maintained;
- To highlight the value and benefits of a NBSP for New Zealanders;
- To maintain a focus on driving equitable participation.

Communication Tools and Activities

A variety of channels will be used to communicate to and engage with stakeholders. These include emails and newsletters, websites, information resources and letters for participants, media releases, case studies, a free telephone helpline, and community and clinical champions.

The Programme communications resource will liaise closely with the National Coordination Centre and Bowel Screening Regional Centres (when established) and DHBs as the NBSP implementation progresses, to support implementation and a timely information flow. DHBs will develop and implement local detailed communications and engagement plan, aimed at primary care, key stakeholders and the community (focusing on priority populations).

At a regional/DHB level, the process of engagement, community education and awareness raising is expected to start at least 6 months prior to the start of screening services.

Communication Roles and Responsibilities

The Ministry and DHBs will be jointly responsible for all communications in relation to the NBSP. The Ministry will be responsible for national level communications and will have overarching responsibility; DHBs and the BSRCs will be responsible for local awareness-raising and communication activities. To ensure a consistent national message, all DHB communications should be approved by the NBSP Senior Communications Advisor or NBSP Project Director. The spokespeople are shown in Table 52.

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[57] National Bowel Screening Programme Communications Plan Lotus Notes: Bowel Cancer/Communications and Stakeholder Management/National Bowel Screening Programme (NBSP)1.0 5 July 2016

Table 61: Communication Roles and Responsibilities

Role	Area
Minister of Health	Government policy and decisions.
Director, Service Commissioning	Major announcements.
Project Director	Operational comment, as required depending on the context (to be advised by media/communications advisors on ad-hoc basis).
Clinical Director	Primary spokesperson on bowel screening and related clinical issues.
DHB CEO	Specific DHB operational comment, as required depending on the context (to be advised by media/communications advisors on ad-hoc basis).
DHB NBSP Clinical Lead	Low level local responses and interviews.

Communications Key Messages

Key messages have been developed and will continue to be revised and expanded as the programme roll out commences. The key messages can be seen in the Communications Plan or online at http://www.health.govt.nz/our-work/diseases-and-conditions/cancer-programme/bowel-cancer-programme/national-bowel-screening-programme/national-bowel-screening-programme-frequently-asked-questions

Key message areas include:

- General announcement of roll out (Budget 2016);
- Equity;
- Selection of initial DHBs;
- Bowel Screening Pilot transition;
- Colonoscopy capacity;
- Screening test and pathway;
- Service delivery for the NBSP;
- Endoscopy workforce;
- Bowel cancer and screening in New Zealand and internationally;
- Flexible sigmoidoscopy;
- Pharmacy kit;
- Bowel cancer symptoms and risk of bowel cancer.

Appendix 17: Tranche 1 CEO Letters of Support

1 8 MAR 2016

Deborah Woodley
Group Manager
Ministry of Health
PO Box 5013
Wellington

Email: deborah_woodley@moh.govt.nz

Dear Deborah

Re: Planning for rollout of proposed National Bowel Screening programme

Thank you to you, Susan, Mhairi and Corinne for meeting with Adri and I on 2 March 2016 to discuss the potential involvement of Hutt Valley DHB in the first wave of the rollout of the national bowel screening programme.

I am writing to confirm that we are very keen to be involved and excited to be asked to do so. We have an excellent clinical team here, experience in delivering screening programmes and a good understanding of screening at all levels of the organisation. We have already identified a potential lead for the project who is well-qualified to take on the role.

We look forward to engaging further with you

Yours sincerely

Dr Ashley Bloomfield
Chief Executive
Hutt Valley District Health Board

cc: Adri Isbister, CEO, Wairarapa District Health Board
Kate Broome, Clinical Nurse Manager Endoscopy, Hutt Valley District Health Board
Natalie Richardson, Director of Operations Medical, Hutt Valley District Health Board
Dr Jeff Wong, Clinical Head of Department, Gastroenterology, Hutt Valley District Health Board

Wairarapa DHB
Wairarapa District Health Board
Te Poari Hauora a-rohe o Wairarapa

P O Box 96
Masterton 5840
New Zealand

Phone 64-6-946 9800
Fax 64-6-946 9801
www.wairarapa.dhb.org.nz

21 March 2016

Deborah Woodley
Group Manager
Ministry of Health
P O Box 5013
Wellington

Email: Deborah_woodley@moh.govt.nz

Dear Deborah
Re: Planning for rollout of proposed National Bowel Screening programme

I would like to thank you for meeting with Ashley and I early this month with regard to the rollout of the national bowel screening programme and the opportunity for Wairarapa District Health Board to be involved from the outset.

I am delighted that you consider Wairarapa DHB appropriate for the first wave of the rollout, and I can emphatically confirm our commitment to be involved! Wairarapa DHB is well placed to manage a screening programme, with the skills and experience required already within our current clinical environment. We also agree that clinical leadership provided by the Hutt Valley will add to the best outcomes for the screening programme.

I am very much looking forward to working with you on progressing the programme. It is a great opportunity for Wairarapa and one I am particularly passionate about.

With kind regards,

Adri Isbister
Chief Executive
Wairarapa District Health Board

CC: Ashley Bloomfield, CE HVDHB
Alan Shirley, General Surgeon WDHB

Well Wairarapa – better health for all
Wairarapa ora – hauora pai mo te katoa

Appendix 18: Tranche 1 Key Risks and Issues

(High/very high only)

In the event that... (RISK CAUSE)	There is a risk that...(RISK EVENT)	Which may result in...(RISK EFFECT)	Category	Likelihood	Consequence	Current Risk Rating	Risk Containment / Mitigation Plan
The Phase 1 IT solution (BSP+) not available or cannot be integrated by the DHBs.	Delay in roll- out of the first three DHBs	- NBSP implementation won't meet expected timelines - Potential delay in benefits realisation for the first 3 DHBs	Implementation	Possible	Severe	22 Very High	- Good governance and oversight of Programme, strong project management - Rigorous management of scope and schedule - Broad stakeholder consultation; detailed, clear IT requirements documented. Robust exception reporting
Key BSP pilot staff resign during the Tranche 1 roll-out	Programme knowledge and contacts will be lost, loss of institutional knowledge	Delays to project planning & implementation. Quality of project planning and implementation work compromised. Additional cost incurred by Waitemata DHB securing contracted replacements	Implementation - Waitemata DHB	Possible	Major	18 High	Work with Waitemata DHB Pilot to ensure good programme documentation is kept in hard and soft copies, identify & plan for possible succession options. Waitemata DB will keep staff up to date with developments.
The recent change in HVDHB Laboratory (Pathology) service provision (now outsourced) impacts on NBSP delivery	New staff, processes and systems may not be fully embedded into the new provider's BAU at the time of the NBSP roll-out	Difficulties meeting additional NBSP workload requirements, potential issues with quality and timeliness.	Implementation - Hutt Valley & Wairarapa DHBs	Possible	Major	18 High	The DHB to work closely with new provider to ensure that they have robust arrangements in place for go live and their resourcing is not a limitation. Relationship management activities with the DHB to ensure close monitoring of progress and identification of potential service issues are identified in a timely manner and mitigated promptly.
IT Transition of Waitemata DHB Pilot to NBSP is more complex than anticipated and more funding is required	Pilot utilises work arounds and paper based procedures; may not be ready to transition in time.	Delay in Tranche 1 DHB roll-out, more funding may be required	Implementation	Possible	Major	18 High	Ensure adequate funding in the Business Case. Detailed investigation of current state and clear understanding of the impacts.
IT integration of Hutt Valley & Wairarapa DHBs with NBSP is more complex than anticipated	The NBSP patient register and interface doesn't integrate easily with DHB local IS systems and there are difficulties in connecting local systems with the NBSP	Additional resource required by the DHB, increased costs to the DHB, delay in roll-out of NBSP	Implementation - Hutt Valley & Wairarapa DHBs	Possible	Major	18 High	Early engagement between Ministry and local DHB IT stakeholders. Robust IT Programme planning. Clear definition of the Business Operational Model.

In the event that... (RISK CAUSE)	There is a risk that...(RISK EVENT)	Which may result in...(RISK EFFECT)	Category	Likelihood	Consequence	Current Risk Rating	Risk Containment / Mitigation Plan
Communications about bowel screening is confusing for Waitemata DHB residents. Residents currently aged 50 to 59, residing in Waitemata DHB will receive information that the eligible age for participation for the NBSP is 60 to 74 years.	There will be an increase in 0800 calls and enquiries to GPs. Some eligible people (eligible under the grand parenting of the Pilot programme) may assume they are not eligible and do not participate.	NBSP participation may reduce. Increased pressure on Active Follow-up services and 0800 services. A delay in diagnosis for some people.	Implementation - Waitemata DHB	Likely	Moderate	17 High	Work with Waitemata DHB to ensure new collateral contains accurate information on eligibility specifically for Waitemata DHB residents. Update NBSP website with eligibility information. Work with Waitemata DHB to ensure all stakeholders well informed re: eligibility and able to communicate accurate information to potential participants, 0800 line staff are well trained in relation to eligibility and that there are effective communications to the 50-59 cohort about their special status.
Pressure on HVDHBs local model of care of Joint General Medical/Gastroenterologist appointments. This model enables Gastroenterology specialists to be present on the inpatient wards for consults and to take on a patient load on a regular basis.	Having more activity in Gastroenterology will mean less time/ability for the Gastroenterologists to provide input into the general medical wards/consults.	Less specialist input to inpatient care	Implementation - Hutt Valley & Wairarapa DHBs	Likely	Moderate	17 High	Work with Hutt Valley DHB to support the DHB in timetabling their Gastro appointments to ensure input into medical ward/other inpatient areas to ensure continued model of care.
Hutt Valley & Wairarapa DHB endoscopy Gastroenterologist resource competes with other DHB health priorities	Resource competition with other HVDHB priorities including clinical care(Hepatitis C) and strategic initiatives (single sub-regional gastroenterology service with single clinical lead)	Less gastroenterologist specialist input for other DHB health priorities	Implementation - Hutt Valley & Wairarapa DHBs	Likely	Moderate	17 High	Work with the DHBs to facilitate solutions. DHB to ring-fence FTE for medical leadership roles and enable all members of the SMO team to step up into such roles to 'spread the load' and ensure achievement of all goals
Pressure on DHB resources during the anticipated 'treatment hump' 6-12 months after commencement of screening	Burden on surgical workforce to deliver surgical intervention during this 'treatment hump' as part of the roll out timing.	This could result in ESPI compliance breaches, DHB may not meet electives target	Implementation - Hutt Valley & Wairarapa DHBs	Likely	Moderate	17 High	Good communication with DHBs around the Programme modelling work done and the expected volumes for the 'treatment hump' so resources can be planned accordingly. Work with the DBs to ensure routine wait list management is as efficient as can be to release as much capacity as possible to utilise in this front loading period. Potential for DHB resourcing up for this period for both surgery and endoscopy.
A disproportionately positive impact on some population groups	Increased inequity between population groups	DHB priority populations disadvantaged	Implementation - Hutt Valley & Wairarapa DHBs	Likely	Moderate	17 High	Work with DHBs to support equity initiatives. Take learnings from Waitemata. Engage with DHB Maori and Pacific health units and ensure community strategies utilise to minimise the impact of this inequity

Appendix 19: Tranche 1 Financial Analysis

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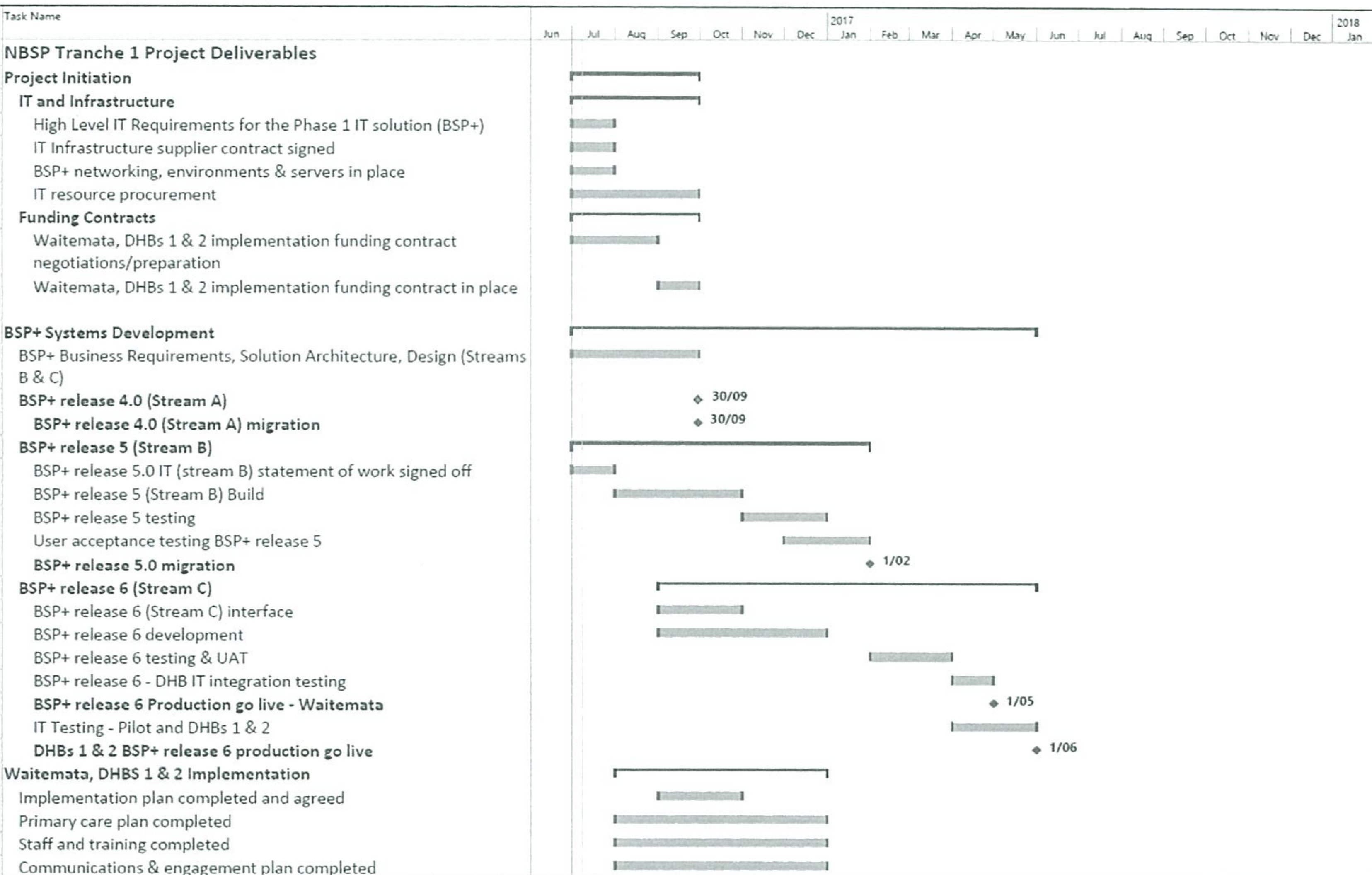
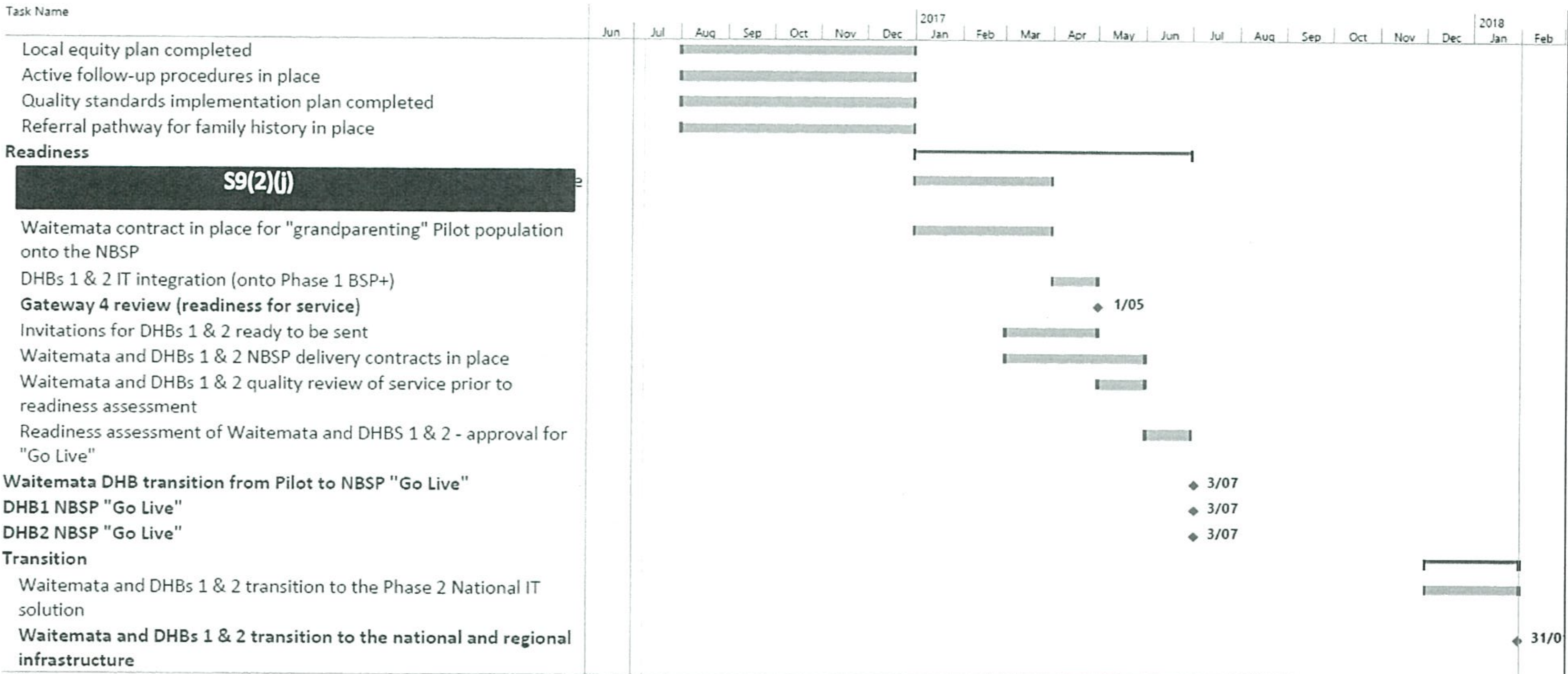
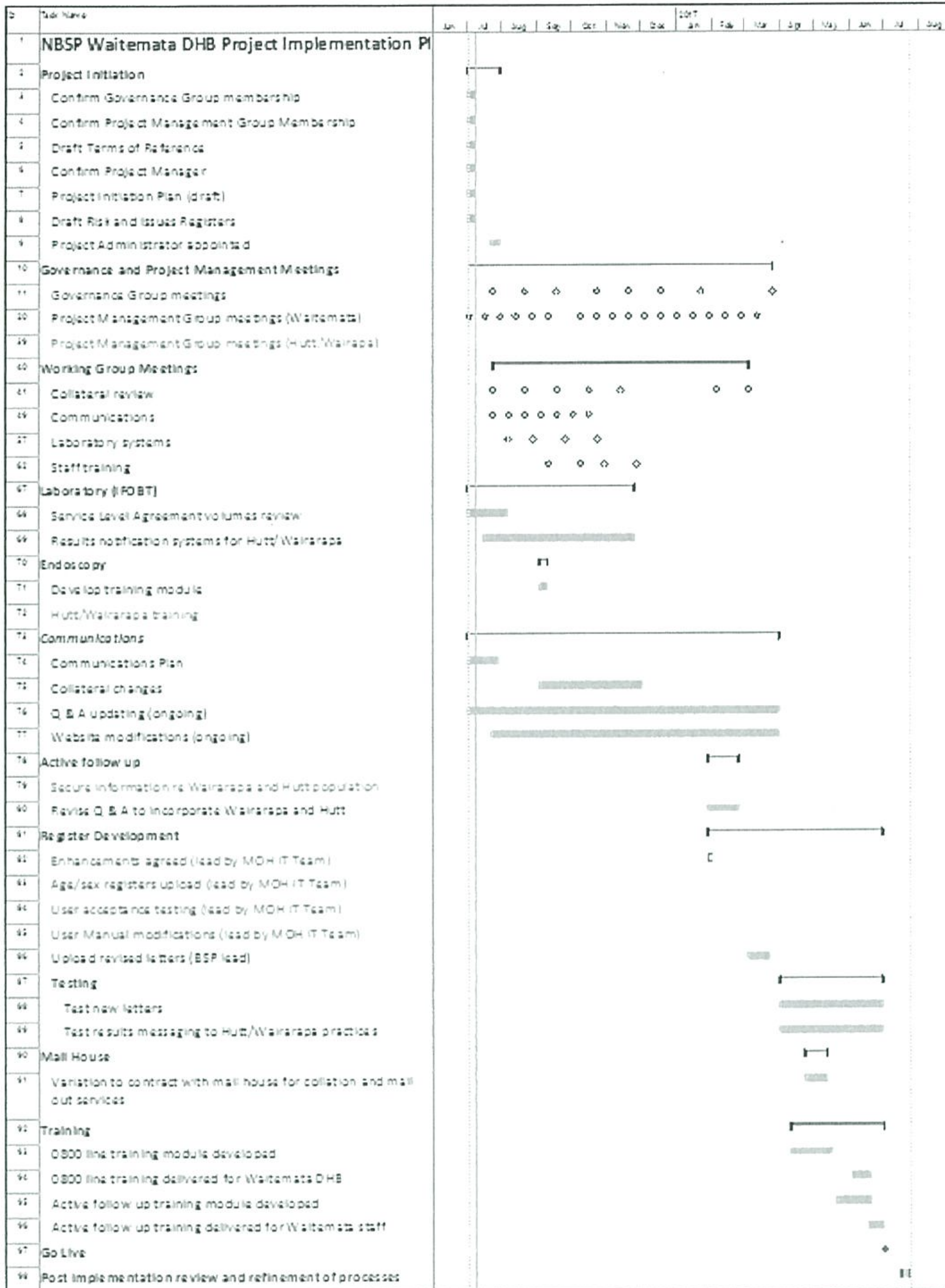
Appendix 20: Tranche 1 Project Plans

Overall Tranche 1 Project Plan

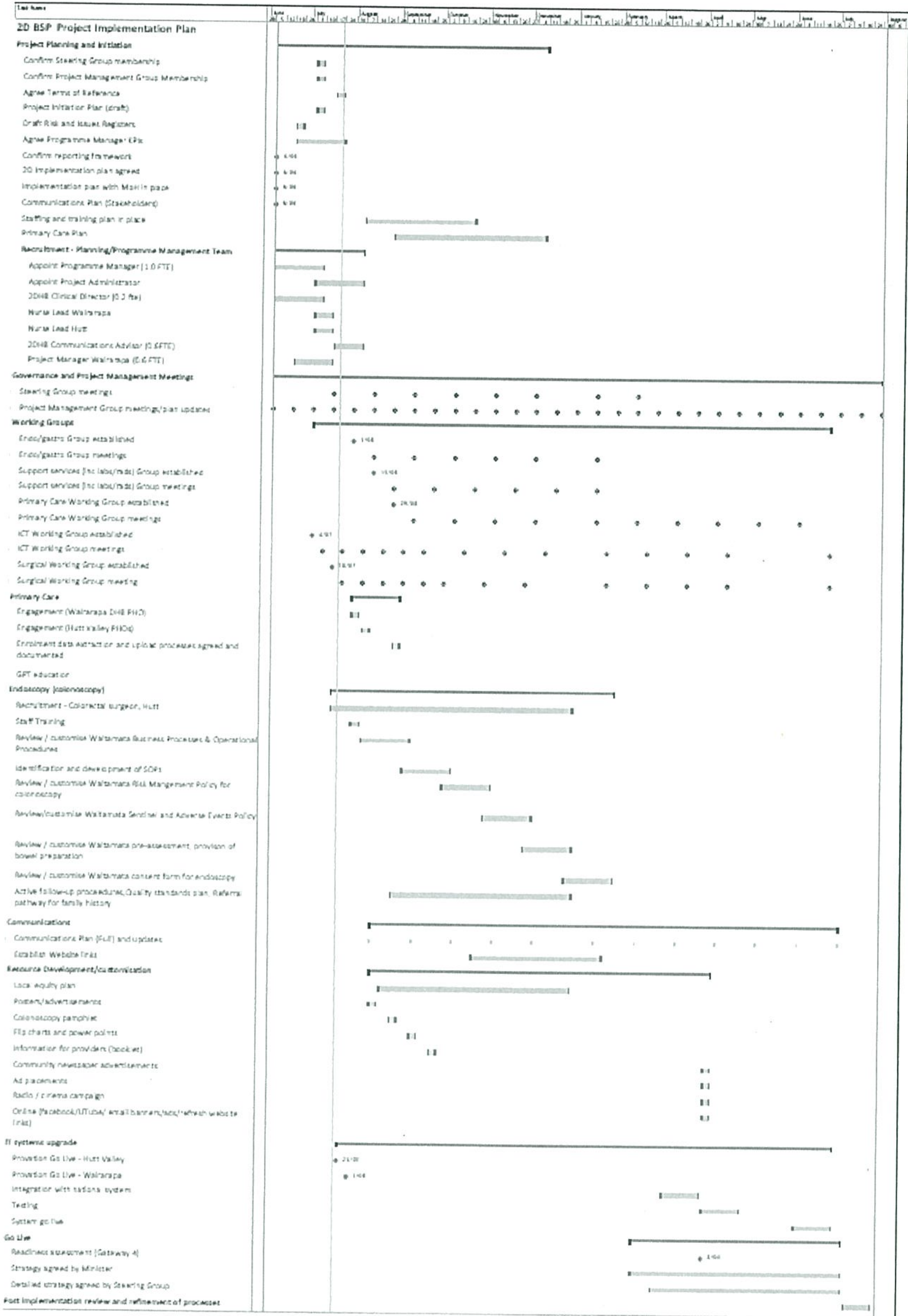



Task Name
2017
2018
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Local equity plan completed
Active follow-up procedures in place
Quality standards implementation plan completed
Referral pathway for family history in place
Readiness
S9(2)(j)
Waitemata contract in place for "grandparenting" Pilot population onto the NBSP
DHBs 1 & 2 IT integration (onto Phase 1 BSP+)
Gateway 4 review (readiness for service)
1/05
Invitations for DHBs 1 & 2 ready to be sent
Waitemata and DHBs 1 & 2 NBSP delivery contracts in place
Waitemata and DHBs 1 & 2 quality review of service prior to readiness assessment
Readiness assessment of Waitemata and DHBS 1 & 2 - approval for "Go Live"
Waitemata DHB transition from Pilot to NBSP "Go Live"
3/07
DHB1 NBSP "Go Live"
3/07
DHB2 NBSP "Go Live"
3/07
Transition
Waitemata and DHBs 1 & 2 transition to the Phase 2 National IT solution
Waitemata and DHBs 1 & 2 transition to the national and regional infrastructure
31/0

Waitemata DHB Implementation Project Plan



Hutt Valley DHB and Wairarapa DHB Implementation Project Plan



Appendix 21: Senior Responsible Owner's Letter

18 August 2016

To whom it may concern

National Bowel Screening Programme Business Case

This business case is a significant deliverable of the Ministry of Health, in support of the development of a National Bowel Screening Programme (NBSP). The NBSP aims to improve the health of New Zealanders, by implementing a nationwide programme to screen the eligible population and reduce the incidence and prevalence of bowel cancer in new Zealanders.

I confirm that:

- I have been actively involved in the development of the attached investment proposal through its various stages;
- I accept the strategic aims and investment objectives of the investment proposal, its functional content, size and services;
- the indicative cost and benefit estimates of the proposal are sound and based on best available information;
- suitable contingency arrangements are in place to address any current or unforeseen affordability pressures.

Should either these requirements or the key assumptions on which this case is based change significantly, revalidation of this letter of support should be sought.

Yours sincerely

Jill Lane

Director Service Commissioning

Appendix 22: Glossary

Acronym	Description
AoG	All of Government
BSRC	Bowel Screening Regional Centres
BSP	Bowel Screening Pilot
CANGO	Cancer Non-Governmental Organisations (includes Beat Bowel Cancer Aoteroa, New Zealand Breast Cancer Foundation, Cancer Society of New Zealand, New Zealand Gynaecological Cancer Foundation, Hospice New Zealand, Leukaemia and Blood Cancer New Zealand, Melanoma Foundation of New Zealand and Prostate Cancer Foundation of New Zealand)
CBAx	Cost Benefit Analysis (NZ Treasury CBA tool)
CFA	Crown Funding Agreement
CIC	Capital Investment Committee
COTS	Commercial Off The Shelf
CTC	Computed Tomography Colonography
DHB	District Health Board
DevOps	Rapid IT service delivery through the adoption of agile, lean practices in the context of a system-oriented approach. DevOps emphasises people (and culture), and seeks to improve collaboration between operations and development teams. DevOps implementations utilise technology, especially automation tools that can leverage an increasingly programmable and dynamic infrastructure from a life cycle perspective.
EGGNZ	Endoscopy Governance Group of New Zealand
EoI	Expression of Interest
ESA	Enterprise Solution Architecture
FCT	Faster Cancer Treatment
FOBT	Faecal Occult Blood Test
GCIO	Government Chief Information Officer
GDP	Gross Domestic Product
GETS	Government Electronic Tender Service
GFOBT	Guaiac Faecal Occult Blood Test
Hb	Haemoglobin
HIP	Health Identity Platform
HIPC	Health Information Privacy Code
HWNZ	Health Workforce New Zealand
iFOBT	Immunochemical Faecal Occult Blood Test
IG	Information Group *(of the Ministry of Health)*
IQA	Independent Quality Assurance
MBIE	Ministry of Business, Innovation and Employment
MCA	Multi Criteria Analysis

Acronym	Description
MDM	Multi-Disciplinary Meeting
NCC	National Coordination Centre
NCSP	National Cervical Screening Platform
NDE	Non Departmental Expenditure
NES	National Enrolment Service
NGO	Non Government Organisation
NHI	National Health Index
NSU	National Screening Unit
NZGRS	New Zealand Global Rating Scale
OECD	Organisation for Economic Co-Operation and Development
PaaS	Platform as a Service
PHO	Primary Health Organisations
PHP	Population Health Platform
PPV	Positive Predictive Value
QALY	Quality Adjusted Life Year
RFP	Request For Proposal
SCI	Sector Capability and Implementation
SOA	Service Oriented Architecture
SRO	Senior Responsible Owner
TD&S	Technology and Digital Services
TQA	Technical Quality Assurance
WDHB	Waitemata District Health Board