

6 Commercial Case

6.1 The Commissioning Approach

Overall Approach

The commissioning approach for NBSP aligns with the Ministry of Health procurement policies, the Government Rules of Sourcing and the Government Principles of Procurement. However, some variations have been agreed to the standard approach, in recognition of the specialist services that are being procured and the constrained timeline for rollout.

Procurement and Commissioning by Tranches

For Tranche 1 implementation there would be no new procurements. The current arrangements for the Pilot would be adapted and extended for the first two DHBs, where necessary.

S9(2)(i)

and with Argonaut to update the BSP IT system to accommodate the first two DHBs.

Prior to implementation of Tranche 2, a number of services need to be commissioned or procured between August 2016 and March 2017. The approach is outlined below and further details of the services are outlined in Section 6.4.

6.2 Service Specific Approach

The Programme would conduct a mixture of commissioning and procurement to ensure the assets and services needed to deliver the national bowel screening programme are implemented in accordance with the Ministry of Health procurement policies, the Government Rules of Sourcing and the Government Principles of Procurement.

The use of the term commissioning is used where it has been deduced (based on the programme's policy objectives, current clinical and market evidence and available market resources) that the preferred approach would be to build or deliver ("make") the services within the public system (i.e. DHBs or Regional Cancer Networks). Procurement, as part of the overall commissioning approach will be used by the programme where it has been deduced that there is an opportunity to "buy" the service or asset in an open and competitive manner.

The Programme would:

- Procure the National Coordination Centre (including the provision of test kits, analysers and laboratory services);
- Commission the Bowel Screening Regional Centres (4);
- Commission the design and development the National Bowel Screening IT solution;
- Commission the National Quality Improvement Services.

National Coordination Centre

The selection of a National Coordination Centre (including the laboratory for analysing iFOBT kits) would be conducted via an open procurement process, using the Government Electronic Tender Service (GETS). This procurement process would call for proposals from the sector on how the required services would be delivered. Once a provider is selected, a contract would be signed with the Ministry of Health to deliver these services.

The Ministry would engage with the market and develop the requirements following approval of the procurement plan for the National Coordination Centre. The Ministry would then issue a Registration of Interest (ROI) in October 2016. Following evaluation of the responses to the ROI, a shortlist of respondents would be invited to participate in a closed Request for Proposal (RFP) which would run from November 2016 through to February 2017. More detailed information would be supplied to participants of the RFP, including (but not limited to): specifications of the test kits and analysers, requirements of the Supplier to integrate with the NBSP IT Solution, and exploration of any other sub-contract requirements. These would largely depend on the legal entities participating in the RFP, e.g. a DHB may be able to utilise an All of Government (AoG) procurement arrangement, whereas a private supplier could not.

The high-level procurement approach for the National Coordination Centre is summarised in Appendix 12.

Bowel Screening Regional Centres

The selection of the four Bowel Screening Regional Centres would not be a formal procurement process. The Ministry intends to engage with DHBs, Alliance Groups (including PHOs), Regional Cancer Networks and private providers in each region and then call for Expressions of Interest (EoI) to deliver the services in each region. It is envisaged that the DHBs in each region would collaborate to determine a solution to provide the required services. This solution would need to be endorsed by the DHBs in that region.

If a region cannot agree on a single proposed solution then the Ministry would run a subsequent process to make the decision on how the services would be delivered in that region. A contract would then be developed between the preferred supplier of the regional services and the Ministry, and between the preferred supplier and the specific regional DHBs.

National Bowel Screening IT Solution

The National Bowel Screening IT Solution is not a significant procurement activity. The NBSP IT solution would need to integrate multiple system components, to deliver a solution that meets the programme objectives. Some of the required system components are already in place for the health sector (such as identity and enrolment services), other components which would make up the NBSP screening solution need to be procured.

Decisions are required from the Programme and related Ministry teams as to whether, for certain system components, the Ministry should build in-house, procure a supplier to build on the Minister's behalf, procure Commercial-Off-The-Shelf "COTS", or procure a cloud based solution as-a-service. For each system component, the Ministry faces a set of choices about what the most effective way of delivering that system component is. The decision as to whether to make or buy will occur once the Ministry has completed defining the end-to-end requirements and Enterprise Solution Architecture.

National Quality Improvement Services

The Ministry already has well developed quality standards (interim quality standards final version 2.0) in place for the Bowel Screening Pilot. The quality standards cover the screening pathway, from screening uptake through to referral pathways for treatment. These would form the basis for quality standards in the initial Tranche of the National Bowel Screening Programme, and would be refined further for subsequent Tranches.

A Quality Lead would oversee the review and finalisation of the quality standards. This would be done with strong sector input. As part of its monitoring function, the Ministry would need to ensure the standards are adhered to and assessed against. The Ministry is likely to tender for provider(s) to audit screening providers against these standards.

The Ministry is currently entering into contracts with the Endoscopy Governance Group New Zealand (EGGNZ) and Hawkes Bay District Health Board for the ongoing management of the New Zealand version of the Global Rating Scale (NZGRS). The NZGRS is a web-based quality improvement tool adapted for New Zealand that provides a set of standards that enables endoscopy units to assess how well they provide a patient-centred service. Colonoscopy service provision in particular will require clear standards and close monitoring and these contracts are expected to support the oversight and assessment of endoscopy units involved in the NBSP. The initial focus of these contracts would be on the Tranche 1 DHBs.

There would be a requirement for independent audit of providers along the screening pathway. How this will occur would be determined through further engagement with the national screening unit, DHBs, screening providers, EGGNZ and the NZGRS Team. More detail would be provided in the relevant Tranche business cases.

6.3 Procurement and Commissioning Responsibility

The proposed commissioning approach for the National Bowel Screening Programme is relatively complex due to a number of services requiring development. However, the actual procurement of the required services is straightforward, with only one significant procurement activity required for the National Coordination Centre.

The Ministry will be responsible for the direct procurement of the National Coordination Centre. The NCC (in conjunction with the Ministry) would procure the test kits and analysers. The Ministry will also commission the Bowel Screening Regional Centres and the National Quality Improvement Services. The Bowel Screening Regional Centres would contract with DHBs (and in some cases directly with the PHOs also) for service delivery, including colonoscopy delivery and histology, local coordination of awareness-raising activities and ensuring participants receive results.

The Ministry will coordinate internal and external resources that are required to develop the NBSP IT Solution. This may involve some procurement, however use of provider panels and existing provider relationships are likely to be used in the first instance.

The proposed contracting links are depicted in Figure 17 and the roles are summarised in Table 25. The Ministry would have overall responsibility for central coordination of all aspects of the screening programme, monitoring and evaluating of programme effectiveness, clinical leadership and governance, and oversight of infrastructure and systems, including the national IT solution for bowel screening.

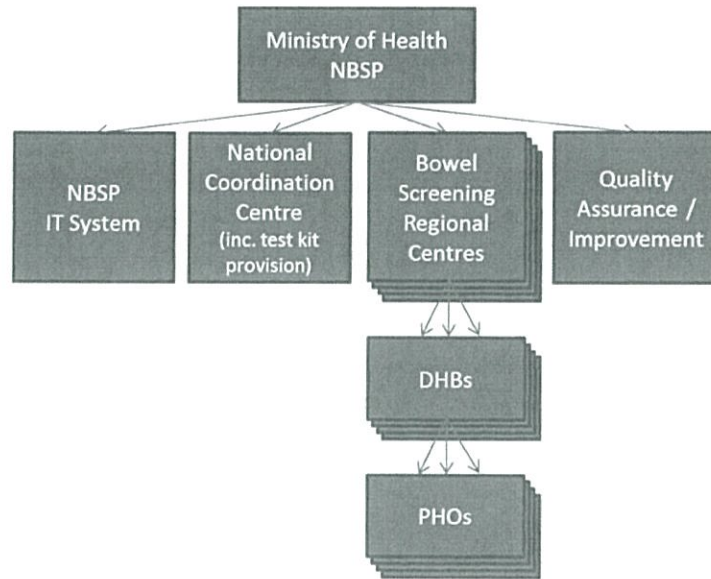


Figure 17: Contracting links for National Bowel Screening Programme procurement

Table 25: Commissioning and Procurement Roles

Level	Commissioning and Procurement Role
Ministry of Health	<ul style="list-style-type: none"> • Direct procurement of: <ul style="list-style-type: none"> ○ National Coordination Centre. • Commissioning of: <ul style="list-style-type: none"> ○ Bowel Screening Regional Centres (through DHBs). ○ NBSP IT solution ○ Quality Improvement assessment services. • Support/oversee procurement of: <ul style="list-style-type: none"> ○ Test kit provider. ○ Contracts with DHBs for colonoscopy delivery and histology, awareness raising and management of positive results.
National Coordination Centre	<ul style="list-style-type: none"> • Procurement (in conjunction with Ministry) of: <ul style="list-style-type: none"> ○ Test kits and analysers. ○ Laboratory services. ○ Courier/Mail services.
Bowel Screening Regional Centres	<ul style="list-style-type: none"> • Contracts with DHBs for: <ul style="list-style-type: none"> ○ Monitoring quality. ○ Colonoscopy delivery. ○ Colonoscopy histology. ○ Local coordination of awareness raising activities. ○ Notifying participants of positive results and arranging colonoscopy (regional and/or local). ○ GP services, as required (e.g. management of positive results) via the PHOs.
DHBs	<ul style="list-style-type: none"> • Procurement of: <ul style="list-style-type: none"> ○ Interface and modifications to DHB IT systems. ○ Capital investment in additional colonoscopy capacity.

6.4 Required Services and Indicative Commissioning and Procurement Timeline

The required goods and services, and indicative timeline for the procurement and commissioning of services, are summarised in Table 26.

Table 26: National Bowel Screening Programme Required Services and Proposed Timeline for Procurement Activity

Service	Summary	Proposed Timeframe
1 National Coordination Centre (NCC)	<ul style="list-style-type: none"> • Coordination: <ul style="list-style-type: none"> ○ Coordination of population and programme register, coordination and administration of invitations, the dispatch of the iFOBT kits and negative results notification, ensuring quality process for positive results management, provision of national health education (in collaboration with local/regional groups). • Laboratory – processing of iFOBT kits. • Test kits and analysers: <ul style="list-style-type: none"> ○ Contract with supplier of the iFOBT test kits, the supply and maintenance of iFOBT test kit analysers and analyser reagents, and associated components and services 	Sep 2016 - Mar 2017
2 Bowel Screening Regional Centres	<ul style="list-style-type: none"> • Coordination of colonoscopies and histopathology in each of the DHBs within its region. The Centres would: <ul style="list-style-type: none"> ○ Undertake regional coordination of reporting; ○ Provide clinical leadership and quality management; ○ Work with primary care providers to ensure they provide quality service is for their role in the screening pathway ○ Oversee and manage budgets for awareness raising activities; ○ Ensure notification of positive results and arrange colonoscopies (through subcontracts with DHBs); ○ Ensure consistency of approach for meeting the quality standards. 	Aug-Dec 2016
3 National Bowel Screening IT Solution	<ul style="list-style-type: none"> • A single national Bowel Screening IT Solution, interoperable across all DHBs. It would be the primary administrative system and clinical decision support tool for the national bowel screening programme. • Expected that the system would be owned by the Ministry, with the project being staffed by a mix of internal and external resources. The procurement would be for the external resource, expected to be accessed via existing supplier panel arrangements through current Ministry procurement processes and agreements. 	Sep 2016 – Jun 2017
4 National quality improvement services	<ul style="list-style-type: none"> • DHBs will be expected to meet quality standards for colonoscopy service provision. It is most likely that the NZ Global Rating Scale (NZGRS) tool would be used and developed. • Quality standards for other aspects would also be monitored, e.g. processing of iFOBT kits, histology and health promotion activities. • The Ministry of Health would lead this work but would contract external provider(s) to assist in the implementation and ongoing monitoring. 	Jun – Dec 2016

Endoscopy Capital Requirements

In addition to the goods and services described in Table 26, all but three DHBs have indicated some capital requirements to meet the increased colonoscopy volumes. Eight DHBs have confirmed additional capital requirements or have programmes currently in place, and three DHBs have indicated possible requirements. Two DHBs have indicated possible refurbishments and four require equipment only.

Capital funding for building or refurbishing facilities is excluded from this business case. The requirement for investment in additional facilities to deliver the increased colonoscopy volumes would be tested as part of each DHBs major rebuilding capital programme.

For any identified capital requirements in Tranche 2 and 3, DHBs would be expected to fully investigate options of self-funding and outsourcing, however as a last resort Crown capital would be sought. This could be addressed as a single bid against the Capital Envelope.