MINISTRY OF HEALTH
MANATŪ HAUORA

New Zealand Government

Independent Assurance Review for the National Bowel Screening Programme

12-month report to August 2019

Released 2019

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Background

Between September 2017 and January 2018, the National Screening Unit (NSU) a business unit in the Ministry, identified some issues with operational processes and the information technology system used during the pilot. These resulted in some eligible participants not being invited or re-invited to take part in the pilot. For some people who later developed bowel cancer, this may have led to a delay in their diagnosis.

In February 2018, the Minister of Health, the Honourable Dr David Clark, instructed the Ministry to undertake an independent review to provide assurance that the programme was 'well positioned for successful roll-out (including the adequacy of current governance arrangements, operational management and resourcing)'. This task included identifying where lessons could be learnt from the pilot to prevent similar problems arising in the programme.

On 8 August 2018, the review presented its findings, endorsing the continued roll-out of the programme, and making 19 recommendations in 'support of continued improvement of the programme' (Independent Review Panel 2018, p. 7).

Since the publication of the review, and our first progress report (Ministry of Health 2019b), two significant developments have impacted the health sector: the Wellbeing Budget, presented to the House of Representatives, and the issuing of *Hauora: Report on stage 1 of the Health Services and Outcomes Kaupapa Inquiry (WAI 2575)* (Waitangi Tribunal 2019). The Tribunal reports Māori experience inequitable health outcomes, in breach of Te Tiriti o Waitangi. This provides further weight to the review's recommendation 7. The Ministry's comprehensive response to improving Māori health outcomes is addressed in Section 3 of this report, on programme operation.

Although the review panel did not ask the Ministry to report on its progress in addressing its recommendations, we chose to do so, in the form of progress reports at six and 12 months. This is the 12-month report.

Status as at August 2019

The Ministry's February 2019 report (Ministry of Health 2019b) noted that it had closed six of the 19 recommendations of the review. Progress has since been made against the remaining 13, including the closure of six of them. The Ministry has elected to hold a number of the recommendations open and active during the remainder of the national roll-out, to ensure they continue to inform progress toward achieving a high-quality, safe and sustainable NBSP.

Recommendations of the independent panel

The review panel gave each of its 19 high-level recommendations one of two gradings:

- critical – to be addressed over the next six months
- essential – to be addressed over the next 12 months.

The following is a summary of the panel's high-level recommendations.

1. The Ministry of Health should strengthen the population health governance of the NBSP's population register to ensure that every effort is made to avoid a repeat of the issues that led to eligible participants missing out on bowel screening during the pilot. [critical]

2. The Ministry of Health should review the functionality and operation of the population register to increase its accuracy and completeness. [critical]

3. Urgent consideration of 'real-time' integration with primary care information technology (IT) systems should be given in order to increase participation in the programme through primary care's access to a participant's full screening progress. [critical]

4. The Ministry of Health needs to continue to monitor and carefully manage the ongoing risk that the limited functionality of the technically enhanced BSP (BSP+) presents. [critical]

5. The Ministry of Health should continue to strengthen project management during the design, build and implementation of the National Screening Solution (NSS) to ensure deliverables are met within the planned timeframes. It should review IT governance arrangements to ensure they are fit for purpose. [critical]

6. DHBs, the primary care sector and the National Coordination Centre should be appropriately involved during the design, build and subsequent phases of the NSS. [critical]

7. To achieve equitable outcomes, the NBSP should strengthen its approach to, and accountability for, equity at all levels. This includes increasing leadership and engagement of Māori, Pacific peoples and consumers. Funding to achieve this outcome should be budgeted for and directed. [critical]

8. The Ministry of Health should note the health and disability sector's concern about the current age-range restrictions, in particular in relation to the equity impact for Māori. The Ministry should continue to closely monitor programme data and review the programme parameters, including age range, as more DHBs join the NBSP. [essential]

9. A workforce development plan needs to be developed to ensure the availability (and funding) of a sufficiently skilled workforce into the future. [essential]

10. The current governance structure for the NBSP should be refined and more clearly articulated, ensuring appropriate pathways exist for escalation of issues and risks. [essential]

11. Stronger evidence of clinical governance is needed across all aspects of the NBSP and at all levels, including within IT governance arrangements. This includes the programme Clinical Director formally and regularly reporting to the relevant executive governance groups to ensure clinical sector feedback. [essential]

12. The NBSP must use robust programme management to ensure all aspects of this complex programme, including risk, stakeholder engagement and quality assurance, are closely monitored and well managed. [essential]

13. A full set of protocols and policies supporting the readiness and roll-out of the NBSP should be developed as a matter of urgency, to provide greater support and clarity to the sector. [essential]

14. The Ministry of Health and the NSU should strengthen partnerships with external agencies and organisations, to ensure effective knowledge-sharing. This includes partnerships with the Corporate Centre (State Services Commission, the Treasury and Department of Prime Minister and Cabinet), Waitematā DHB, Bowel Cancer New Zealand and Hei Āhuru Mōwai (Māori Cancer Leadership Group). [essential]

15. A single set of national quality assurance standards for colonoscopy (including colonoscopy units) should be endorsed, with clear agreement on accountability. This involves bringing together the Endoscopy Governance Group for New Zealand's quality assurance standards and the NBSP's interim quality standards. [essential]

16. A comprehensive multi-year funding pathway should be developed to help embed the programme throughout the sector. [essential]

17. The Ministry of Health should provide regular written communication to all parties involved in the roll-out. This would include a technical section updating issues related to the IT systems (BSP+, NSS), as well as reports on clinical standards development, performance measures and lessons learnt from the experience of other DHBs during the roll-out. [essential]

18. A strong learning culture at the Ministry of Health and across the NBSP needs to be promoted. This includes an openness to feedback, involvement of external expertise, transparency in decision-making and shared ownership of issues. [essential]

19. Innovation and continuous quality improvement should be encouraged to achieve equitable access. This includes the provision of additional resource to develop, test and disseminate learning. [essential].

The recommendations that remain open are recommendations 1, 7, 8, 9, 13, 15 and 19.

1 Introduction

The goal of population-based cancer screening programmes is to reduce disease and death by finding cancers at an earlier, more treatable, stage. Early detection can benefit not only the individual concerned but also their family/whānau and society as a whole.

New Zealand has one of the highest rates of bowel cancer in the world. It is our second most common cause of cancer death, after lung cancer, and is responsible for more than 100 deaths a month.

The Bowel Screening Pilot began in the Waitematā District Health Board (DHB) region in January 2012; the age range for eligibility was set at 50–74 years old.[1] The purpose of the pilot was to test the feasibility of rolling out a bowel screening programme nationally. In the first four years of the pilot, around 136,000 screening tests were done, and 427 cancers found.

Between September 2017 and January 2018, the National Screening Unit (NSU) identified a number of issues with the pilot's information technology (IT) system (IT system) and operational processes that had resulted in eligible participants not being invited or re-invited to take part in the pilot. For some people, who later developed bowel cancer, this may have led to a delay in their diagnosis.

In February 2018, the Minister of Health instructed the Ministry of Health to undertake an independent review 'to provide assurance that the National Bowel Screening Programme is positioned for a successful roll-out'.

The review was conducted between March and July 2018, and a report published in August 2018 (Independent Review Panel 2018). The review fully supported the programme and endorsed its continued implementation. It acknowledged that the programme was in a good position and had considerable strengths.

The review panel made a number of recommendations to support the continued improvement of the programme. The Ministry committed to:

- implement the review's recommendations
- publish progress against the recommendations in early 2019 and August 2019.

The Ministry identified five themes to the recommendations: Governance, Programme operation, Technology, Stakeholder and consumer engagement, and Workforce.

This report is structured under these five themes.

[1] The age eligibility in the NBSP is 60 to 74 years of age.

2 Governance

2.1 Related recommendations

There are three recommendations (1, 10 and 11) under the Governance theme. Recommendations 10 and 11 were noted as closed in the Ministry's February 2019 report, and are therefore excluded from this update. Recommendation 1 has been addressed with a number of actions, as detailed below, but will remain open until the National Screening Solution (NSS) is in operation.

2.2 Population health governance (recommendation 1)

The recommendation:

1. The Ministry of Health should strengthen the population health governance of the National Bowel Screening Programme's population register to ensure that every effort is made to avoid a repeat of the issues that led to eligible participants missing out on bowel screening during the pilot. [critical]

As detailed in our previous report, in response to this recommendation, the Ministry has:

- strengthened the governance of the programme's population register and implemented processes to ensure the data is as current as possible
- ensured the design of the NSS incorporates safeguards against the technical issues that arose during the pilot
- increased efforts to ensure the programme has the correct address details for potential participants by cross-referencing data against a range of other health databases.

To further address this recommendation, we have:

- enlisted the help of general practitioners to encourage patients to make sure their contact details are up-to-date
- stressed the importance of keeping addresses up to date in widely distributed promotional materials targeted at health consumers nationally and at DHB level
- undertaken two further activities to reduce the risk of potential participants not being invited:
    - changed the Bowel Screening Pilot IT system (BSP) and its operating procedures
    - supported the National Coordination Centre (NCC) through making a Ministry public health physician available, along with screening information and analytics expertise, to answer queries as they arise.

These actions have ensured the stable operation of the population register. However, as noted previously, despite these measures, there remains an inherent risk in using the National Health Index (NHI) to identify potential participants, as people's address details as recorded in the NHI easily become outdated.

The Ministry has addressed this recommendation with multiple actions, but will keep it open until the NSS has replaced the BSP.

Status of the three recommendations relating to Section 2 Governance:

Recommendation 1 Population health governance – Open until the NSS is operating
Recommendations 10 Governance Structure – Closed in February 2019 report
Recommendation 11 Clinical Governance – Closed in February 2019 report

3 Programme operation

3.1 Related recommendations

Almost half of the recommendations made by the independent review were about programme operations and management. In total, nine recommendations (5, 7, 8, 12, 13, 15, 16, 18 and 19) sit under this theme.

The Ministry closed two recommendations (5 and 16) in its previous report. The programme has made further progress on the remaining actions, as detailed in this section. We have now closed another two recommendations (12 and 18). The remaining recommendations remain open and active until the completion of the programme roll-out.

3.2 Project management (recommendation 12)

The recommendations:

12. The National Bowel Screening Programme must use robust programme management to ensure all aspects of this complex programme, including risk, stakeholder engagement and quality assurance, are closely monitored and well managed. [essential]

To address this recommendation, the Ministry has:

- revised the membership of the programme's governance group to ensure it has the appropriate skills and experience to oversee a complex programme of this nature
- refined programme reporting to ensure all levels of management and governance are sufficiently informed to perform their function effectively
- applied an appropriate set of management controls, including risk management, to the programme
- reviewed and documented its plans with regards to stakeholder engagement
- defined and acquired the necessary skills to execute the programme's scope
- prepared and implemented a business case for the next tranche of activity.

We believe the above actions have embedded appropriate management practices into the programme's operation to satisfy the concerns raised by the review panel, and have therefore closed recommendation 12.

3.3 Equity (recommendations 7 and 8)

The recommendations:

7. To achieve equitable outcomes, the National Bowel Screening Programme should strengthen its approach to, and accountability for, equity at all levels. This includes increasing leadership and engagement of Māori, Pacific peoples and consumers. Funding to achieve this outcome should be budgeted for and directed. [critical]
8. The Ministry of Health should note the health and disability sector's concern about the current age-range restrictions, in particular in relation to the equity impact for Māori. The Ministry should continue to closely monitor programme data and review the programme parameters, including age range, as more DHBs join the NBSP. [essential]

In its February 2019 report, the Ministry detailed it had:

- enshrined equity considerations in all its work programmes
- prioritised achieving equitable outcomes for Māori, Pacific peoples and eligible participants living in areas of high socioeconomic deprivation (collectively called the 'priority populations')
- continued efforts to encourage participation by priority populations through setting up Māori and Pacific networks (ngā hui and fono respectively) to share ideas and initiatives. These will continue until the programme is fully implemented
- put extra effort into contacting participants from priority populations through community outreach programmes run through the NCC and DHBs
- reviewed the programme promotional material the Ministry supplies to DHBs to ensure that it is tailored to priority populations, that its messages are easy to understand and that its messages are culturally appropriate
- ensured that membership of the Bowel Screening Advisory Group (BSAG) represents the interests of priority populations.

More recent initiatives to strengthen equity include:

- re-establishing a Māori Health Directorate within the Ministry, which has strengthened the Ministry's focus on Te Tiriti o Waitangi, Māori health improvement and equity
- facilitating a meeting with Māori health experts to review the programme against the latest clinical data for bowel cancer incidence for Māori. A key outcome was a recommendation to extend the screening age for Māori to 50–74 years, to increase equitable health outcomes for Māori. The Ministry has done further analysis into the potential implications of this policy and options for its possible adoption in the future
- organising an equity fono to discuss an increase in bowel cancer diagnosis in Pacific peoples aged under 60 years

- publishing *Achieving Equity in Health Outcomes: Summary of a discovery process* in August 2019; this document is available **here**.

The Ministry believes this increased equity focus will lead to a measurable shift in health equality in the next three to five years. This fairness of access and outcomes will be reflected in the NBSP.

Recommendations 7 and 8 will remain open and 'in progress' throughout the programme implementation phase.

3.4 Support to district health boards (recommendation 13)

The recommendation:

13. A full set of protocols and policies supporting the readiness and roll-out of the National Bowel Screening Programme should be developed as a matter of urgency, to provide greater support and clarity to the sector. [essential]

The Ministry is continuously developing appropriate protocols, standards and policies to support the implementation of the NBSP. The standards first developed for the bowel screening pilot by Waitematā DHB remain in place. Appropriate amendments have been made to reflect there are now eight DHBs providing bowel screening as part of the national programme.

The Ministry updates its policies to take account of new developments, knowledge and technologies. Since our previous report, we have updated a policy statement about the purchase of self-testing kits from pharmacies and online and developed a new position statement on the rationale for reporting participant Faecal Immunochemical Test (FIT) tests as positive or negative, rather than as a numerical result.

Further, in addressing this recommendation, the Ministry has:

- continued to comprehensively support DHBs as they join the programme, ensuring they receive advice and support from the Ministry's programme team and from the bowel screening regional centres
- refined its readiness assessment processes to provide DHBs with clear guidelines on what they must do to be ready to begin the programme and successfully deliver bowel screening
- consulted with clinical groups and professional bodies on draft clinical guidelines for the health sector. The guidelines will provide support clinical decision-making along the bowel screening pathway
- implemented a structured management change process to ensure the necessary collateral and support is available for DHBs who are adopting the NSS. Support will be available for DHBs starting screening, as well as for those who are already transitioning from the interim IT system (the BSP) to the NSS.

The Ministry will close recommendation 13 once the NSS is in use and the change process and materials have been validated.

3.5 Quality standards (recommendation 15)

The recommendation:

15. A single set of national quality assurance standards for colonoscopy (including colonoscopy units) should be endorsed, with clear agreement on accountability. This involves bringing together the Endoscopy Governance Group for New Zealand's quality assurance standards and the National Bowel Screening Programme's interim quality standards. [essential]

In response to this recommendation, and as reported in our February 2019 report, the Ministry developed **quality assurance standards** (NSU 2018).

The Ministry actively reviews and adapts these standards (as outlined in section 3.4) in response to feedback from stakeholders. The interim standards will only become final when the roll-out is complete, by mid-2021.

By keeping the quality standards as interim, or draft, the Ministry is able to make amendments to better meet the needs of its contracted agencies: mainly DHBs.

Further, in addressing this recommendation, the Ministry has continued to work closely with the Endoscopy Governance Group for New Zealand (EGGNZ) to achieve consistent standards of colonoscopy and endoscopy delivery across the country.

Recommendation 15 will remain open until the programme is fully implemented.

3.6 Learning culture and continuous improvement (recommendations 18 and 19)

The recommendations:

18. A strong learning culture at the Ministry of Health and across the NBSP needs to be promoted. This includes an openness to feedback, involvement of external

expertise, transparency in decision-making and shared ownership of issues. [essential]

19. Innovation and continuous quality improvement should be encouraged to achieve equitable access. This includes the provision of additional resource to develop, test and disseminate this learning. [essential]

The Ministry provided considerable detail in its February 2019 report (Independent Review Panel p. 8 and 9) to demonstrate what it has done to address this recommendation. In summary, we have:

- demonstrated a strong culture of openness to learning by continuing to interact with and seek advice from a wide range of sources in the context of the NBSP. These sources include external agencies, clinical bodies (both in New Zealand and overseas) and colleges and professional bodies
- fostered collaboration and information sharing among DHBs.

The Ministry has addressed the recommendation to promote 'transparency in decision-making' through the following actions:

- proactively releasing Health Reports (briefings), Cabinet papers and Cabinet Minutes on the Ministry's website
- publishing information about colonoscopy wait time indicators on the Ministry's website
- making greater use of the NSU website[2] to support health professionals; in future, we also intend to upload more information from the BSAG to this site
- expanding the consumer-facing website Time to Screen[3] to include bowel screening
- prioritising transparency when adverse events occur by proactively releasing details in the public interest.

The Ministry has closed Recommendation 18, because it is confident that the NBSP has demonstrated that it maintains a strong learning and collaborative culture.

To address Recommendation 19, the Ministry has:

- made achieving equitable access a key focus of the NBSP, addressing this in multiple ways across the programme
- facilitated meetings with health experts representing the interests of Māori and Pacific peoples to review the latest clinical data showing that bowel cancer incidence in these populations is being diagnosed at a younger age, and developing interventions to respond to these findings.

Recommendation 19 will remain open throughout the implementation phase of the NBSP, so that the Ministry can continue its progress toward achieving equitable access, as a priority focus.

[2] **National Bowel Screening Programme | National Screening Unit**

[3] **https://www.timetoscreen.nz/bowel-screening/**

Status of the nine recommendations relating to Section 3 Programme operation:

Recommendation 5 Project management – Closed in February 2019 report
Recommendations 7 and 8 Equity – Open until end of implementation phase of NBSP
Recommendation 12 Project management – Closed
Recommendation 13 Support to DHBs – Open (will be closed by December 2020)
Recommendation 15 Quality Standards – Open until end of implementation phase
Recommendation 16 Multi-year funding – Closed in February 2019 report
Recommendation 18 Learning culture and continuous improvement – Closed
Recommendation 19 Learning culture and continuous improvement – Open until end of implementation phase of NBSP

4 Technology

4.1 Related recommendations

The review contains four recommendations (2, 3, 4 and 6) related to Technology. Recommendations 2 and 3 were closed in the Ministry's February 2019 report, and are therefore excluded from this update. The remaining two recommendations (4 and 6) have now also been closed, after actions to address them, as detailed below.

4.2 Monitoring the interim information technology platform (recommendation 4)

The recommendation:

4. The Ministry of Health needs to continue to monitor and manage carefully the ongoing risk that the limited functionality of the BSP+ presents. [critical]

In response to this recommendation, the Ministry has:

- reviewed and made a number of enhancements to the technically enhanced BSP (BSP+).
- continued to work closely with the developer of the BSP to monitor performance and remediate and update where necessary.

In May 2019, the Ministry completed its programme of planned enhancements to BSP+. These enhancements have improved the functionality of the earlier versions of the system. In addition, elements of the system's underlying technology have been upgraded, to ensure the system operates reliably.

Alongside improvements made to the supporting business processes, these enhancements have resulted in stable operation of the systems supporting the screening programme since the review was issued.

The Ministry has therefore now closed this recommendation.

4.3 Involving other agencies as the National Screening Solution is developed (recommendation 6)

The recommendation:

6. DHBs, the primary care sector and National Coordination Centre should be appropriately involved during the design, build and subsequent phases of the National Screening Solution. [critical]

In February 2019, we reported that the Ministry had:

- involved a range of stakeholders in early discussions over the development of the IT solution and how it might work to support and enable their roles and needs
- used the input from these stakeholders, and lessons learnt during the pilot, as key considerations in deciding on the design of a new IT solution.

Shortly after we published the progress report, we announced that we had appointed Deloitte to build and run the new IT solution. The Deloitte build team is co-located within the Ministry; this arrangement is proving invaluable.

To further demonstrate a fully engaged and collaborative approach to building the NSS, we can confirm that:

- stakeholders are actively involved in shaping the NSS, including the way it will operate from a user perspective
- the NSS Clinical Reference Group and Design Authority, which are comprised of key clinical and technical stakeholders, are assisting to validate specific aspects of the NSS's design
- a structured change management process is under way for migration from BSP+ to the NSS. This is updated regularly, and will ensure appropriate engagement during the validation (business acceptance testing) phase, as well as the deployment phase (when the NSS is first used to support screening.)

We have therefore closed recommendation 6.

Status of the four recommendations relating to section 4 Technology:

Recommendation 2 Population register – Closed in February 2019 report
Recommendation 3 Real-time integration with primary care – Closed in February 2019 report
Recommendation 4 Monitoring the interim IT platform – Closed
Recommendation 6 Involving other agencies as the NSS is developed – Closed

5 Stakeholder and consumer engagement

5.1 Related recommendations

There are two recommendations (14 and 17) related to Stakeholder and consumer engagement. Both remained in progress in the Ministry's February 2019 report, which provided considerable detail on the multiple ways these concerns were being addressed (Ministry of Health 2019b p.11 and 12).

The Ministry has made further progress on these recommendations, as detailed in this section, and has now closed them both.

5.2 Stakeholder engagement (recommendation 14)

The recommendation:

14. The Ministry of Health and National Screening Unit should strengthen partnerships with external agencies and organisations, to ensure effective knowledge sharing. This includes partnerships with the Corporate Centre (State Services Commission, the Treasury and Department of Prime Minister and Cabinet), Waitemata DHB, Bowel Cancer New Zealand and Hei Āhuru Mōwai (Māori Cancer Leadership Group). [essential]

Some of the activities the Ministry undertook to close recommendations 18 and 19 (see Section 3.6) also addressed this recommendation.

In summary, the Ministry has continued to engage with a variety of internal and external stakeholders to ensure effective knowledge-sharing.

It has established a Māori network, operated by the Midland Bowel Screening Regional Centre, and a Pacific peoples' network, operated by the Central Bowel Screening Regional Centre. These structures will continue to provide leadership until the NBSP is fully implemented.

In addition, the Ministry has engaged with Māori health experts (in February 2019) and Pacific health experts (in July 2019) to address health inequities in these population groups.

The Ministry has prepared a communications and stakeholder engagement plan to support ongoing engagement as the programme is implemented.

The Ministry has closed recommendation 14.

5.3 Sector communications (recommendation 17)

The recommendation:

17. The Ministry of Health should provide regular written communication to all parties involved in the roll-out. This would include a technical section updating issues related to the IT systems (BSP+, NSS), as well as reports on clinical standards development, performance measures and learnings from other DHBs during the roll-out. [essential]

The Ministry has continued its monthly sector update to DHBs, the NCC, the FIT processing laboratory, primary care leads and Bowel Screening Regional Centres. The update provides information about technical and operational issues, decisions, performance and other relevant programme updates. It is a routine communications channel for stakeholders.

After a DHB has completed its first full two-year cycle of the NBSP, the Ministry publishes quarterly monitoring reports on its performance. This currently applies to Hutt Valley and Wairarapa DHBs. The reports will soon be publicly available on the Ministry's NSU website.[4]

The Ministry's **Interval Cancers in the Bowel Screening Pilot - Preliminary Report FIT negative** (Ministry of Health 2019c) was published in March 2019; a second report is due for publication in 2020.

The Ministry has updated its statement on self-purchased bowel screening kits, and continues to develop position statements on significant issues related to the NBSP.

The Ministry has closed recommendation 17.

Status of the two recommendations relating to Section 5 Stakeholder and consumer engagement:

Recommendation 14 Stakeholder engagement – Closed
Recommendation 17 Sector communications – Closed

[4] **DHB quarterly reports | National Screening Unit**

6 Workforce

6.1 Related recommendation

There is one recommendation under the Workforce theme (recommendation 9). This remains open.

Following an announcement from the Minister in December 2018 (Clark 2018), Health Workforce is now a Ministry directorate. The directorate's focus is on workforce needs now and in the future.

6.2 Workforce development plan (recommendation 9)

The recommendation:

9. A workforce development plan needs to be developed to ensure availability (and funding) of a sufficiently skilled workforce into the future. [essential]

The Ministry has had a workforce development plan in place for the NBSP since 2010. The plan provides the blueprint for a staged approach to improving service performance and workforce.

This plan has resulted in the introduction of the nurse endoscopy training programme, additional medical training places and colonoscopy wait-time indicators.

Provision of a stable and sustainable endoscopy workforce is a complex, long-term problem to solve; it requires a collaborative approach across a number of agencies, including the Ministry.

In response to the pressure on colonoscopy services and the corresponding risk to the NBSP, the EGGNZ, the New Zealand Society of Gastroenterologists and the Ministry's Health Workforce directorate to develop possible options to address this issue.

Accordingly, the Ministry is currently:

- exploring which DHBs it can support to accommodate additional gastroenterology registrar training positions (the two recently added trainees bring the total number in New Zealand to 20; the maximum supportable number is 24)
- supporting EGGNZ to develop a proposal for the establishment of a training centre to relieve the burden for DHBs of endoscopy training lists
- working with regional cancer and bowel screening centres to consider potential regional solutions.

EGGNZ, with support from the Ministry, has established a working party to consider how nurse endoscopy could be developed to achieve the maximum benefit in the New Zealand context. An action plan will be developed to support the nurse endoscopy career path within a complex clinical environment, taking into account a potential reconfiguration of the nurse endoscopy training programme.

Status of one recommendation relating to Section 6 Workforce:

Recommendation 9 – Open

7 Conclusion

In February 2019, via its first progress report in response to the recommendations of the Independent Assurance Review, the Ministry closed six of the 19 review recommendations. In the past six months, a further six (4, 6, 12, 14, 17 and 18) have been addressed and closed, as detailed in this second and final report.

The remaining seven recommendations remain open and active because they cannot be completely resolved until various phases of the programme are completed. Additionally, they will remain useful in informing and guiding processes during the remainder of the implementation phase of the NBSP.

During this reporting period, two significant milestones were reached:

1. Hutt Valley and Wairarapa DHBs completed their first full screening round, and participants screened two years ago in those DHBs will shortly receive their second test kits. This means all eligible people in those populations will have been invited to participate in free bowel screening.
2. Counties Manukau, Southern and Nelson Marlborough DHBs completed their first year of screening.

Two further DHBs, Whanganui and MidCentral, are preparing to begin screening by the end of 2019, subject to achieving readiness status. This will mean 10 out of 20 of the country's DHBs will be providing screening by the end of the year, covering just under 50 percent of the eligible population.

The purpose of the NBSP is to reduce mortality from one of our country's most common cancer killers. Significantly, since it began on 1 July 2017, the programme has screened over 145,000 New Zealanders, and detected 356 cancers. It has also resulted in the removal of hundreds of potentially cancerous polyps, thereby sparing people from developing disease that would undoubtedly shorten their lives. The Ministry is proud to be introducing a programme that is having such positive outcomes on the lives of New Zealanders.

This report shows that the Ministry is effectively developing the NSS, the technology solution that will support the NBSP and potentially other screening programmes into the future. It demonstrates that the Ministry is engaging with its diverse range of stakeholders to ensure that the NBSP is working to improve equitable health outcomes for all participants in the programme, and especially Māori and Pacific peoples. The Ministry's engagement with international bowel screening experts is also adding to the learning culture within the programme.

Most significantly, this report shows that the review panel's confidence in recommending the continued roll-out of this important screening programme was warranted. Through multiple actions, the Ministry has addressed, and is addressing, the concerns that gave rise to the review. In light of recent improvements and refinements, the Ministry is confident that it is delivering a quality bowel-screening programme that will be an asset to our health system and reduce the burden of death and disease from bowel cancer.

Abbreviations

BSAG	Bowel Screening Advisory Group
BSP	Bowel Screening Pilot IT system
BSP+	Technically enhanced BSP
DHB	District health board
EGGNZ	Endoscopy Guidance Group for New Zealand
FIT	Faecal Immunochemical Test
IT	Information technology
NBSP	National Bowel Screening Programme
NHI	National Health Index
NSS	National Screening Solution
NSU	National Screening Unit

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