CAB-25-MIN-0044.01

# Cabinet

## Minute of Decision

*This document contains information for the New Zealand Cabinet. It must be treated in confidence and handled in accordance with any security classification, or other endorsement. The information can only be released, including under the Official Information Act 1982, by persons with the appropriate authority.*

## National Bowel Screening Programme: Changes to and Drawdown of the Budget 2022 Tagged Contingency

**Portfolio** **Health**

On 3 March 2025, following reference from the Cabinet Business Committee, Cabinet:

1 **noted** that Budget 2022 established a tagged contingency in the Health portfolio of $36.141 million over 5 years to 2025/26 and $13.089 million per annum in outyears to fund lowering the National Bowel Screening Programme eligibility age from 60 to 50 years old for Māori and Pacific peoples, as per the table below [CAB-22-MIN-0129]:

| | $m – increase / (decrease) | | | | |
|---|---|---|---|---|---|
| | 2021/22 | 2022/23 | 2023/24 | 2024/25 | 2025/26 & Outyears |
| National Bowel Screening Programme – Lowering the Screening Age for Māori and Pacific Peoples operating contingency | - | - | 10.096 | 12.956 | 13.089 |

2 **noted** that until now, Cabinet approval has not been sought to drawdown the tagged contingency;

3 **noted** that Māori and Pacific peoples have a similar risk of developing bowel cancer at a given age compared to other population groups, but as Māori and Pacific peoples have a younger population age structure than non-Māori and non-Pacific, a higher proportion of bowel cancers occur in Māori and Pacific peoples before the age of 60;

4 **noted** that the Minister of Health asked officials to provide advice on alternative options for how the Budget 2022 tagged contingency could benefit all New Zealanders, informed by modelling from Erasmus University in the Netherlands;

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5 **agreed** to repurpose the Budget 2022 bowel screening tagged contingency described in paragraph 1 above and use this funding to:

5.1 lower the overall National Bowel Screening Programme eligibility age from 60 to 58 years for the total population; and

5.2 invest in improving screening participation among populations with low screening rates (such as Māori, Asian and Pacific peoples);

6 **noted** that Health New Zealand will roll out the age extension in two tranches starting in October 2025;

7 **noted** that Health New Zealand will provide the Minister of Health with a detailed implementation plan to support the two tranches in April 2025;

8 **noted** that based on clinical advice, Māori and Pacific peoples aged 50–59 years currently eligible for bowel screening in Waikato, Tairāwhiti, and MidCentral through an evaluative implementation pilot and who continue to reside in these districts will be grandparented into the National Bowel Screening Programme;

## Financial implications

9 **noted** that the forecast operating expenses to fund the decision in paragraph 5 above is as per the table below:

| | $m – increase / (decrease) | | | | |
|---|---|---|---|---|---|
| | **2024/25** | **2025/26** | **2026/27** | **2027/28** | **2028/29 & Outyears** |
| Age extension to 58 | 6.110 | 12.748 | 11.950 | 12.122 | 11.551 |
| Initiatives to lift screening participation rates | 0.450 | 7.838 | 5.551 | 5.550 | 1.538 |
| **Total** | **6.560** | **20.586** | **17.501** | **17.672** | **13.089** |

10 **agreed** to fully draw down the Budget 2022 tagged contingency to fund the decision in paragraph 5 above;

11 **approved** the following changes to appropriations to provide for the decision in paragraph 10 above, with a corresponding impact on the operating balance and net core Crown debt:

| **Vote Health:** | $m – increase / (decrease) | | | | |
|---|---|---|---|---|---|
| **Minister of Health** | **2024/25** | **2025/26** | **2026/27** | **2027/28** | **2028/29 & outyears** |
| Non-departmental Output Expense: | | | | | |
| Delivering Primary, Community, Public and Population Health Services | 6.560 | 20.586 | 17.501 | 17.672 | 13.089 |
| **Total Operating** | **6.560** | **20.586** | **17.501** | **17.672** | **13.089** |

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12 **agreed** that the changes to appropriations for 2024/25 above be included in the 2024/25 Supplementary Estimates and that, in the interim, the increases be met from Imprest Supply;

13 **agreed** that the operating expenses incurred under paragraph 11 above be charged against the Budget 2022 tagged contingency outlined in paragraph 1 above;

14 **noted** that following the adjustment detailed in paragraph 11 above, the Budget 2022 tagged operating contingency is now exhausted and therefore closed;

15 **noted** that current fiscal and capacity constraints limit the ability to immediately lower the bowel screening age below 58;

16 **agreed** that the reduction to 58 be considered a first step towards further progressive lowering of the bowel screening age to align with Australia as colonoscopy capacity and resourcing allow;

17 **directed** officials to continue monitoring colonoscopy capacity and funding availability to assess future opportunities for further reductions in the screening age;

18 **noted** that any further reductions will be subject to future Budget considerations and health system capacity.

Rachel Hayward
Secretary of the Cabinet

***Secretary's Note:*** *This minute replaces CBC-25-MIN-0003. Cabinet agreed to amend paragraph 16.*

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# Cabinet

## Minute of Decision

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### Report of the Cabinet Business Committee: Period Ended 28 February 2025

On 3 March 2025, Cabinet made the following decisions on the work of the Cabinet Business Committee for the period ended 28 February 2025:

| | | |
|---|---|---|
| CBC-25-MIN-0003 | **National Bowel Screening Programme: Changes to and Drawdown of the Budget 2022 Tagged Contingency**<br>Portfolio: Health | Separate minute: CAB-25-MIN-0044.01 |

Out of Scope

[redacted]

Rachel Hayward
Secretary of the Cabinet

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CBC-25-MIN-0003

# Cabinet Business Committee

## Minute of Decision

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## National Bowel Screening Programme: Changes to and Drawdown of the Budget 2022 Tagged Contingency

**Portfolio** **Health**

On 24 February 2025, the Cabinet Business Committee:

1 **noted** that Budget 2022 established a tagged contingency in the Health portfolio of $36.141 million over 5 years to 2025/26 and $13.089 million per annum in outyears to fund lowering the National Bowel Screening Programme eligibility age from 60 to 50 years old for Māori and Pacific peoples, as per the table below [CAB-22-MIN-0129]:

| | $m – increase / (decrease) | | | | |
|---|---|---|---|---|---|
| | 2021/22 | 2022/23 | 2023/24 | 2024/25 | 2025/26 & Outyears |
| National Bowel Screening Programme – Lowering the Screening Age for Māori and Pacific Peoples operating contingency | - | - | 10.096 | 12.956 | 13.089 |

2 **noted** that until now, Cabinet approval has not been sought to drawdown the tagged contingency;

3 **noted** that Māori and Pacific peoples have a similar risk of developing bowel cancer at a given age compared to other population groups, but as Māori and Pacific peoples have a younger population age structure than non-Māori and non-Pacific, a higher proportion of bowel cancers occur in Māori and Pacific peoples before the age of 60;

4 **noted** that the Minister of Health asked officials to provide advice on alternative options for how the Budget 2022 tagged contingency could benefit all New Zealanders, informed by modelling from Erasmus University in the Netherlands;

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5 **agreed** to repurpose the Budget 2022 bowel screening tagged contingency described in paragraph 1 above and use this funding to:

5.1 lower the overall National Bowel Screening Programme eligibility age from 60 to 58 years for the total population; and

5.2 invest in improving screening participation among populations with low screening rates (such as Māori, Asian and Pacific peoples);

6 **noted** that Health New Zealand will roll out the age extension in two tranches starting in October 2025;

7 **noted** that Health New Zealand will provide the Minister of Health with a detailed implementation plan to support the two tranches in April 2025;

8 **noted** that based on clinical advice Māori and Pacific peoples aged 50–59 years currently eligible for bowel screening in Waikato, Tairāwhiti, and MidCentral through an evaluative implementation pilot and who continue to reside in these districts will be grandparented into the National Bowel Screening Programme;

## Financial implications

9 **noted** that the forecast operating expenses to fund the decision in paragraph 5 above is as per the table below:

| | $m – increase / (decrease) | | | | |
|---|---|---|---|---|---|
| | **2024/25** | **2025/26** | **2026/27** | **2027/28** | **2028/29 & Outyears** |
| Age extension to 58 | 6.110 | 12.748 | 11.950 | 12.122 | 11.551 |
| Initiatives to lift screening participation rates | 0.450 | 7.838 | 5.551 | 5.550 | 1.538 |
| **Total** | **6.560** | **20.586** | **17.501** | **17.672** | **13.089** |

10 **agreed** to fully draw down the Budget 2022 tagged contingency to fund the decision in paragraph 5 above;

11 **approved** the following changes to appropriations to provide for the decision in paragraph 10 above, with a corresponding impact on the operating balance and net core Crown debt:

| **Vote Health:** | $m – increase / (decrease) | | | | |
|---|---|---|---|---|---|
| **Minister of Health** | **2024/25** | **2025/26** | **2026/27** | **2027/28** | **2028/29 & outyears** |
| Non-departmental Output Expense: Delivering Primary, Community, Public and Population Health Services | 6.560 | 20.586 | 17.501 | 17.672 | 13.089 |
| **Total Operating** | **6.560** | **20.586** | **17.501** | **17.672** | **13.089** |

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12 **agreed** that the changes to appropriations for 2024/25 above be included in the 2024/25 Supplementary Estimates and that, in the interim, the increases be met from Imprest Supply;

13 **agreed** that the operating expenses incurred under paragraph 11 above be charged against the Budget 2022 tagged contingency outlined in paragraph 1 above;

14 **noted** that following the adjustment detailed in paragraph 11 above, the Budget 2022 tagged operating contingency is now exhausted and therefore closed;

15 **noted** that current fiscal and capacity constraints limit the ability to immediately lower the bowel screening age below 58;

16 **agreed** that the reduction to 58 be considered a first step towards further progressive lowering of the bowel screening age to 50 as colonoscopy capacity and resourcing allow;

17 **directed** officials to continue monitoring colonoscopy capacity and funding availability to assess future opportunities for further reductions in the screening age;

18 **noted** that any further reductions will be subject to future Budget considerations and health system capacity.

Sam Moffett
Committee Secretary

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**Present:**
Rt Hon Christopher Luxon (Chair)
Hon David Seymour
Hon Nicola Willis
Hon Simeon Brown
Hon Paul Goldsmith
Hon Louise Upston
Hon Judith Collins KC
Hon Brooke van Velden

**Officials present from:**
Officials Committee for CBC

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**In Confidence**

Office of the Minister of Health

Cabinet Business Committee

# National Bowel Screening Programme: Changes to and drawdown of the Budget 2022 tagged contingency

## Proposal

1. This paper seeks agreement to:

   1.1 re-purpose the Budget 2022 bowel screening tagged contingency to lower the eligibility age of the National Bowel Screening Programme (NBSP) from 60 to 58 years old for the total population;

   1.2 invest the balance of that tagged contingency into initiatives to lift screening participation rates in populations with low screening rates; and to

   1.3 fully drawdown this tagged contingency.

## Relation to government priorities

2. This proposal contributes to delivering timely, quality healthcare and better health outcomes by improving access to bowel screening and enabling earlier detection of bowel cancers. It also supports the 60% participation target for the NBSP, including for Māori and Pacific peoples, as outlined in the Government Policy Statement (GPS) on Health 2024-2027.

3. Lowering the bowel screening age to 58 years old for the total population is consistent with this Government's focus on needs-based approaches, as it will prevent more cancers and deaths compared to the previous government's proposal.

## Executive Summary

4. New Zealand has one of the highest rates of bowel cancer globally. More than 3,330 people are diagnosed with bowel cancer annually in New Zealand and more than 1,200 people die from the disease.

5. Rates of bowel cancer and deaths have decreased over time in New Zealand, but overall numbers of colorectal cancers increased by 37% between 2000 and 2020, likely driven by population growth in at-risk age groups. Bowel cancer incidence increases with age, with 90% of cases occurring in those aged 50 or over and 78% in those aged 60 and over.

6. Budget 2022 allocated a tagged contingency of $36.141 million over five years to 2025/26 (and $13.089 million per annum in outyears) to fund lowering the bowel screening age from 60 to 50 years for Māori and Pacific peoples [CAB-22-MIN-0129 refers]. Until now, approval has not been sought to drawdown this tagged contingency, which expires on 1 February 2026.



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7. Reflecting the Coalition Government's priorities, I seek Cabinet's agreement to re-purpose the tagged contingency to instead lower the bowel screening age from 60 to 58 years for the total population and drawdown funding. I also seek to invest in initiatives to lift screening participation rates in population groups with greatest need. These groups will likely include, but not be limited to, Māori, Asian and Pacific peoples, and any other groups with low rates of participation (eg, low socio-economic groups). The initiatives will aim to increase access, create awareness and improve the effectiveness of the NBSP systems. My proposal will exhaust the funding allocated in the tagged contingency and involve re-phasing funding across years.

8. Lowering the bowel screening age to 58 years old for the total population will prevent more cancers and deaths compared to the previous government's proposal (Table 3). Improving screening rates in the population groups with low screening rates will help maximise results from the NBSP and reduce the likelihood of widening gaps in screening rates due to the age extension. These initiatives aim to support the 60% bowel screening participation target among Māori and Pacific peoples outlined in the GPS.

9. Pending Cabinet approval, this age extension will be rolled out in two tranches, with the first districts starting in October 2025 and the second in March 2026. The districts included in each tranche will be determined based on local health needs and current service capacity, following consultation with districts and regions. Health New Zealand (Health NZ) will provide me with a detailed implementation plan for the roll-out in April 2025.

## Background

10. New Zealand has one of the highest rates of bowel cancer globally, and bowel cancer is the second highest cause of cancer death in the country. The NBSP delivers strong outcomes for New Zealanders, with 2,727 cancers detected up to 13 January 2025. Since its inception in 2017:

    10.1 at least one third have been at the earliest stage, where there is greater than 90% chance of five-year survival.

    10.2 at least a quarter of the 37,794 people who proceeded to a colonoscopy after a screening test were found to have advanced polyps that are associated with an increased likelihood of progressing to bowel cancer.

11. These outcomes have positive impacts on the health system, with significantly less resource required for cancers that are prevented by removing polyps or to treat early-stage cancers than late-stage disease.

12. Approval to drawdown the original scope of the Budget 2022 tagged contingency was subject to Cabinet consideration. Specifically, the findings from a two-year evaluative implementation in three pilot districts (Waikato, Tairāwhiti, and MidCentral) and the satisfaction of the Ministers of Health and Finance that there was health system capacity and readiness for a national age extension rollout. The first of the pilots in Waikato ended on 4 December 2024 while Tairāwhiti and MidCentral are due to finish in October and November 2025 respectively.

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## Analysis

13. Māori and Pacific peoples have a similar risk of developing bowel cancer compared to other population groups at a given age. The intent of the original Budget 2022 tagged contingency was to address a variation among ethnic groups, that a higher proportion of bowel cancers occur in Māori and Pacific peoples before the age of 60 (when bowel screening currently starts) due to the younger age structure of these populations. That is, because Māori and Pacific demographics are younger than other population demographics, comparatively more Māori and Pacific develop bowel cancer before the age of 60 before it can be detected through the NBSP. However, the age-standardised incidence is the same for Māori and Pacific as non-Māori and non-Pacific.

*Table 1: Colorectal cancer registrations 2017-2021 by prioritised ethnicity (Source: New Zealand Cancer Registry)*

| Asian | European/Other | Māori | Pacific |
|---|---|---|---|
| 814 | 13,801 | 1,298 | 439 |

*Table 2: Age-standardised rates per 100,000 of colorectal cancer registrations 2017-2021 by prioritised ethnicity (Source: New Zealand Cancer Registry)*

| Asian | European/Other | Māori | Pacific |
|---|---|---|---|
| 22.61 | 43.05 | 36.44 | 29.41 |

*Alternative options for the tagged contingency were considered*

14. Our Coalition Government has clear expectations that the targeting, design and commissioning of public services should be based on the needs of all New Zealanders. Reflecting that, I asked officials to provide advice on alternative options for how the Budget 2022 tagged contingency could benefit all New Zealanders.

15. To inform this advice, officials used a validated microsimulation model from Erasmus University in the Netherlands which provided detailed analysis on the NBSP and modelled 110 screening strategies for New Zealand. This included assessing the benefits (colorectal cancer cases and deaths prevented), colonoscopy demands and costs of each strategy.

16. Based on that modelling, officials provided me with three alternative options which would deliver strong health gains, could be delivered within the Budget 2022 tagged contingency and the additional colonoscopies outlined in the original proposal:

    16.1 option 1- lower the starting age from 60 to 58 years old for the total population;

    16.2 option 2 - lower the starting age from 60 to 58 years old for the total population, and further lower the age to 56 years old for Māori and Pacific peoples; and



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16.3 option 3 - undertake an additional one-off screen at 56 years old for the total population (with the next screen occurring when people reach 60 years old).

17. I propose to proceed with Option 1 as it delivers the greatest modelled health gains for New Zealanders while aligning with Government health expectations. In addition, I propose to invest in initiatives to lift screening participation rates in populations with low screening rates.

*The new proposal prevents more cancers and deaths compared to the original proposal*

18. Lowering the screening age to 58 years will see more people eligible for screening over a two-year period and prevent more cancers and deaths over 25 years in comparison to the previous proposal based on Erasmus University modelling (outlined in Table 3).

*Table 3: Comparison between the original and new proposal*

| | **Previous proposal (age extension for Māori and Pacific peoples to 50 years old)** | **Current proposal (age extension to 58 years for the total population)** | **Difference (gain)** |
|---|---|---|---|
| Additional people eligible for screening over a two-year period | 114,045 | 122,524 | 8,479 |
| Number of additional cancers prevented over 25 years | 553 | 771 | 218 |
| Number of additional deaths prevented over 25 years | 390 | 566 | 176 |

19. Lowering the overall eligibility age will bring New Zealand's NBSP further in line with other comparable countries, such as Australia and the United Kingdom. In Australia, following a reduction on 1 July 2024, the bowel screening age is now 45 years, while the United Kingdom has been progressively lowering its eligibility age from 60 to 50 years over four years since April 2021. I expect to see the NBSP's eligibility age continue to progressively be lowered over time as resourcing and colonoscopy capacity allows.

*Lifting bowel screening participation rates will help achieve expectations outlined in the GPS and help maximise results from the NBSP*

20. The GPS on Health outlines a target to improve bowel screening and to achieve a 60% participation rate among Māori and Pacific peoples aged 60-74 years. This target is not currently being met, with NBSP participation rates declining in recent years, including during the COVID-19 pandemic. Overall participation as of June 2024 is 57.1%, with rates significantly lower among Māori (49.8%), Asian (43.5%) and Pacific peoples (38.6%).

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21. The Erasmus report noted that enhancing screening participation rates is crucial and will support the NBSP's effectiveness and help reduce colorectal cancer mortality rates and long-term healthcare costs. It recommended a dual focus on enhancing participation and implementing a phased lowering of the starting age across the population.

22. I therefore propose to also use a portion of the Budget 2022 tagged contingency to invest in targeted initiatives to lift screening rates among populations with low rates (such as Māori, Asian and Pacific peoples). This will help reduce the likelihood that gaps in participation rates continue or widen through the age extension.

23. Initiatives to improve screening rates will include actions to improve awareness of bowel screening and access to bowel screening kits and provide greater opportunities for screening and test kit return. An overview and costings for the proposed initiatives is attached as Appendix One.

## Implementation

*Age extension will be rolled out in two tranches starting in October 2025*

24. If Cabinet agrees to re-purpose and drawdown the tagged contingency, Health NZ will roll-out the age extension in two tranches, with the first beginning in October 2025 and the second in March 2026. Further consideration of need, colonoscopy and workforce capacity, and consultation with regions is required before sequencing of districts in each tranche can be confirmed. I have asked Health NZ to provide me with a detailed implementation plan for the roll-out in April 2025.

25. Age extension will be supported by the Bowel Screening Register (BSR). Changes to the BSR will be required to include this newly eligible population and to safely manage the staggered roll out of age extension in relation to participant moves between districts. Findings from the evaluative implementation in three districts confirmed the BSR's ability to lower the screening eligibility age.

26. The National Public Health Service will work closely with Regional Deputy Chief Executives within Health NZ to ensure districts and regions have governance structures in place to implement the age range extension. Outcomes will be monitored and reported nationally as a part of the existing NBSP performance reporting within Health NZ.

*The proposal will have an impact on colonoscopy services*

27. Additional endoscopy capacity will be required due to the increase in screening colonoscopy demand because of this age extension. These are the same resources used for other patient activities, including individuals with symptoms who have been referred for a colonoscopy.

28. Colonoscopy services are currently struggling to meet clinical wait time standards. Health NZ is actively managing this and already has an initiative underway to improve colonoscopy capacity. This involves using a new triage test which helps identify who, among those referred with symptoms, is more likely to have serious bowel disease and help avoid unnecessary colonoscopies. The impact on colonoscopy

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services from the proposed bowel screening age extension is expected to be small, with an estimated 2% increase in the overall colonoscopies performed.

*A small number of Māori and Pacific peoples aged 50-59 years will still be eligible for bowel screening in the three districts where age extension was piloted.*

29. Māori and Pacific peoples aged 50–59 years are currently eligible for bowel screening in three districts – Waikato, Tairāwhiti and MidCentral – through the evaluative implementation referenced in paragraph 11. As it is not clinically appropriate to cease screening a population once it has begun, this cohort will be 'grandparented' into the NBSP if they continue to reside in the relevant district. This means approximately 10,000 individuals will be invited for screening every two years until they reach 58 years old, where they will continue to be screened as a part of the standard eligible age range for the total population.

## Cost-of-living Implications

30. The proposal does not have any direct cost-of-living implications.

## Financial Implications

31. The costs of the proposal will be met from the Budget 2022 tagged contingency as outlined in Table 4.

*Table 4. Funding profile of the proposal*

| ($m) | 2024/25 | 2025/26 | 2026/27 | 2027/28 | 2028/29 & Outyears |
|---|---|---|---|---|---|
| Age extension to 58 | 6.110 | 12.748 | 11.950 | 12.122 | 11.551 |
| Initiatives to lift screening participation rates | 0.450 | 7.838 | 5.551 | 5.550 | 1.538 |
| **Total** | **6.560** | **20.586** | **17.501** | **17.672** | **13.089** |

32. This proposal will use all funding allocated in the tagged Budget 2022 contingency.

33. This investment is entirely operational funding, and no capital funding is required.

34. Costs to treat additional bowel cancers detected through the age extension, such as oncology assessments and surgeries, are not included in the tagged contingency and will be resourced through Health NZ's baseline. In the longer-term, treatment costs are expected to be reduced due to the identification of cancer at an earlier stage when treatment may be simpler and less expensive.

## Legislative Implications

35. There are no legislative implications resulting from this proposal.



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## Impact Analysis

### Regulatory Impact Statement

36. A Regulatory Impact Statement is not required for this proposal.

### Climate Implications of Policy Assessment

37. A Climate Implications of Policy Assessment is not required for this proposal.

## Population Implications

38. Reducing the bowel screening age from 60 to 58 years old will result in approximately 122,524 additional people eligible for screening over a two-year period compared to the current age. This will prevent approximately 771 additional colorectal cancers and 566 deaths over 25 years, including 161 colorectal cancers and 117 deaths among Māori and Pacific peoples.

39. Investing in initiatives to improve screening rates amongst population groups with low screening rates (Māori, Asian and Pacific peoples) will help achieve the NBSP's participation target of 60%, improve early bowel cancer detection in these populations and reduce the likelihood that gaps in participation rates continue or widen through the age extension.

## Human Rights

40. This proposal is consistent with the New Zealand Bill of Rights Act 1990 and the Human Rights Act 1993.

## Use of external resources

41. No external resources were used in the development of the proposals in this paper.

## Consultation

42. The following agencies were consulted: the Treasury, the Department of the Prime Minister and Cabinet, Te Aho o te Kahu - the Cancer Control Agency, Te Puni Kōkiri, Ministry for Pacific Peoples, Ministry of Social Development, and the Ministry for Ethnic Communities.

## Communications

43. There is likely to be public and media interest in re-purposing the Budget 2022 Bowel Screening Tagged Contingency. I intend to make a public announcement about the decisions contained in this paper and my office will work with officials to develop a communications plan.

## Proactive Release

44. I intend to release this Cabinet paper and associated minutes within 30 business days of decision being confirmed by Cabinet (subject to redactions consistent with the Official Information Act 1982).

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## Recommendations

I recommend that the Committee:

1. **note** Budget 2022 established a tagged contingency in the Health portfolio of $36.141 million over 5 years to 2025/26 and $13.089 million per annum in outyears to fund lowering the National Bowel Screening Programme eligibility age from 60 to 50 years old for Māori and Pacific peoples, as per the table below [CAB-22-MIN-0129 refers]:

| | $m – increase / (decrease) | | | | |
|---|---|---|---|---|---|
| | **2021/22** | **2022/23** | **2023/24** | **2024/25** | **2025/26 & Outyears** |
| National Bowel Screening Programme – Lowering the Screening Age for Māori and Pacific Peoples operating contingency | - | - | 10.096 | 12.956 | 13.089 |

2. **note** that until now Cabinet approval has not been sought to drawdown the tagged contingency

3. **note** that Māori and Pacific peoples have a similar risk of developing bowel cancer at a given age compared to other population groups, but as Māori and Pacific peoples have a younger population age structure than non-Māori and non-Pacific, a higher proportion of bowel cancers occur in Māori and Pacific peoples before the age of 60

4. **note** the Minister of Health asked officials to provide advice on alternative options for how the Budget 2022 tagged contingency could benefit all New Zealanders, informed by modelling from Erasmus University in the Netherlands

5. **agree** to re-purpose the Budget 2022 bowel screening tagged contingency described in recommendation 1 and use this funding to:

   5.1 lower the overall National Bowel Screening Programme eligibility age from 60 to 58 years old for the total population; and

   5.2 invest in improving screening participation among populations with low screening rates (such as Māori, Asian and Pacific peoples)

6. **note** that Health New Zealand will roll out the age extension in two tranches starting in October 2025

7. **note** that Health New Zealand will provide the Minister of Health with a detailed implementation plan to support the two tranches in April 2025

8. **note** that based on clinical advice Māori and Pacific peoples aged 50–59 years currently eligible for bowel screening in Waikato, Tairāwhiti, and MidCentral through an evaluative implementation pilot and who continue to reside in these districts will be grandparented into the National Bowel Screening Programme

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9. **note** that the forecast operating expenses to fund the proposal outlined in recommendation 5 is as per the table below:

| | $m – increase / (decrease) | | | | |
|---|---|---|---|---|---|
| | **2024/25** | **2025/26** | **2026/27** | **2027/28** | **2028/29 & Outyears** |
| Age extension to 58 | 6.110 | 12.748 | 11.950 | 12.122 | 11.551 |
| Initiatives to lift screening participation rates | 0.450 | 7.838 | 5.551 | 5.550 | 1.538 |
| **Total** | **6.560** | **20.586** | **17.501** | **17.672** | **13.089** |

10. **agree** to fully drawdown the Budget 2022 tagged contingency to fund the proposal outlined in recommendation 5

11. **approve** the following changes to appropriations to provide for the decision in recommendation 10 above, with a corresponding impact on the operating balance and net core Crown debt:

| **Vote Health: Minister of Health** | $m – increase / (decrease) | | | | |
|---|---|---|---|---|---|
| | **2024/25** | **2025/26** | **2026/27** | **2027/28** | **2028/29 & outyears** |
| Non-departmental Output Expense:<br><br>Delivering Primary, Community, Public and Population Health Services | 6.560 | 20.586 | 17.501 | 17.672 | 13.089 |
| **Total Operating** | **6.560** | **20.586** | **17.501** | **17.672** | **13.089** |

12. **agree** that the proposed changes to appropriations for 2024/25 above be included in the 2024/25 Supplementary Estimates and that, in the interim, the increases be met from Imprest Supply

13. **agree** that the operating expenses incurred under recommendation 11 above be charged against the Budget 2022 tagged contingency outlined in recommendation 1 above

14. **note** that following the adjustment detailed in recommendation 11 above, the Budget 2022 tagged operating contingency is now exhausted and therefore closed.

Authorised for lodgement

Hon Simeon Brown

Minister of Health

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# Appendix One: Summary of proposed initiatives to lift bowel screening participation rates

| Initiative type | Initiative | Summary | Costings | Timeline |
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| **1. Making participation easier** | Introduction of barcoded kits | All bowel screening testing kits are currently posted to participants, which is not effective for everyone and impacts participation. Funding the introduction of barcoded kits will enable various services, such as district bowel screening teams, general practices and Hauora Māori and Pacific providers to provide kits directly and opportunistically to participants. Changes to the National Bowel Screening Programme's IT system, the Bowel Screening Register (BSR), will be required to link barcoded test kits to an individual National Health Index (NHI) number and a bowel screening case. | s 9(2)(b)(ii) [redacted] | Exploratory work underway and full solution expected to be introduced within 12-18 months (mid-2026). This is due to the significant work required to prepare and safely implement the initiative. |
| | Laboratory based drop off option for test kits to be returned to community laboratories | Feedback from the initial National Bowel Screening Programme pilot in 2015 indicated many Māori and Pacific participants prefer to return their test kit to a community laboratory as it was not culturally acceptable to return their test kit via post. A laboratory-based drop-off option for kits is available, but only in the Auckland region. This funding will be used to extend laboratory-based drop-offs nationally. | s 9(2)(b)(ii) [redacted] | To coincide with district/regional tranche dates |
| **2. Promoting participation** | National promotional campaign including a primary care-based campaign and personnel cost to support | Funding will be used to update the existing national media campaign to promote the programme and eligibility changes. Previous monitoring from the national media campaign (November 2023) showed 59% of people surveyed indicated they are more likely to use a bowel screening test after seeing the campaign.<br>The campaign will be supported by a primary care campaign run within general practices across the country to promote opportunistic conversations about bowel screening with patients from high-need communities. This has been previously tested during the May 2023 and 2024 campaigns in which there was a 27% and 84% increase in kit requests respectively. There will also | s 9(2)(b)(ii) [redacted] | National promotional campaign concurrent with the implementation of tranche 2<br><br>Programme collateral will be updated prior to the implementation of tranche 1. There will be some regional advertising to coincide with tranche 1 |

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| | | be updates to the programme's supporting material (including information booklets). | | |
| **3. Improving the effectiveness of NBSP services** | Kaimahi education module | Development of a web-based education module to upskill community and district kaimahi in the NBSP and help inform conversations when engaging with communities about the NBSP. | s 9(2)(b)(ii) [redacted] | Prior to implementation of tranche 1 |
| | Approaches to improve participation rates in high needs groups | Funding will be used to enhance promotional and engagement activities for high-needs populations (such as Māori and Pacific peoples) prior to the NBSP sending screening invitations. This will likely involve using text-based communications, phone, and face-to-face engagement. Approaches to support high-needs populations will be co-designed with Hauora Māori Services and Pacific Public Health and informed by participant feedback. Community providers and districts advise that pre-invite approaches prior to people receiving their kit are an effective way to increase participation with high-needs populations, especially if they have not yet participated in the NBSP. Programme statistics show that 84.8% of those who participated in the programme during the two-year period ending May 2022 were re-screened. This indicates the importance of successfully engaging participants to complete their initial or first invitation to screen because then they are highly likely to rescreen. | s 9(2)(b)(ii) [redacted] | Concurrent with the implementation of tranche 1 districts |
| | BSR improvements and upgrades | Upgrades and improvements to the BSR to aid the above initiatives and to improve data quality, ensuring more individuals can be contacted by the programme. | s 9(2)(b)(ii) [redacted] | Concurrent with the implementation dates for each initiative described above. |

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