

Security classification: In-Confidence

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

## Memorandum: Advice on expert reviewer for the assurance review for the National Bowel Screening Programme

To: Hon Dr David Clark, Minister of Health

### Purpose

You requested advice on the potential independent expert reviewers and secretariat support to undertake the independent assurance review for the National Bowel Screening Programme (NBSP).

### Background

1. On Tuesday 17 February 2018 you announced an independent assurance review for the NBSP.
2. Further to your discussion with officials please find included as Appendix one the names and biographies of the expert reviewers. Full Curriculum Vitae will be provided when these become available.
3. Appendix two provides you with the final draft of the Terms of Reference for the review.

### Independent reviewers

#### Lead reviewer

4. It is proposed that Dr Gregor Coster is the Lead for this review. Dr Coster is an experienced Academic and Crown Director with a demonstrated history of working in the hospital & health care industry. He has been a Vocationally Registered General Practitioner and is currently Professor of Health Policy at Victoria University and Dean of the new Faculty of Health.

#### Clinical reviewers

5. Professor Graeme Young (Member of the Order of Australia) is an internationally well respected clinician with a long and distinguished career as a gastroenterologist. He was one of the architects of the Australian Bowel Screening Programme and is an expert in population screening. Although retired he remains associated as a Distinguished Professor at Flinders University.
6. Dr William Rainger is a New Zealand based General Practitioner and a Public Health Medicine Specialist. He has held a number of senior management positions in DHBs and in the Ministry of Health including a period as Director of Public Health. Dr Rainger has extensive experience with screening programmes and related infrastructure.

#### Quality and Safety

7. Dr Mary Seddon is an independent consultant with an extensive background in quality and safety in health care both in New Zealand and Australia.

### Secretariat function

8. The Health Quality and Safety Commission will provide the project and secretariat support for the review team. The secretariat would provide a co-ordination, facilitation, analysis and liaison role to

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the review team and ensure they can execute their role and meet the agreed deliverables in the most efficient and effective way possible.

## Next Steps

9. The Ministry has made contact with all of the proposed reviewers and they have indicated a willingness to be part of the review.
10. Availability of the reviewers will depend on clinical, research and other commitments. However the Ministry recommends exploring availability with the reviewer and adjust the review timelines accordingly.

## Recommendations

The Ministry recommends that you:

- a) **Indicate** your agreement for the proposed independent reviewers in the right hand columns of the table in Appendix One
- b) **Agree** the Ministry progress contacting, the proposed reviewers to determine availability. **Yes/No**
- c) **Agree** the final Draft Terms of Reference for the Review (Appendix Two). **Yes/No**
- d) **Agree** the Ministry progress the Health Quality and Safety Commission provide project management and secretariat support for the review. **Yes/No**

END.

Appendix One

Name	Role	Biography	Qualifications	Agreed
Professor Gregor Coster		<p>Professor Coster graduated from Victoria in 1970 having obtained his MSc (Hons) in Physical Chemistry. He subsequently graduated in Medicine from the University of Otago and later completed his PhD in Public Policy from Victoria University of Wellington. He has been a Vocationally Registered General Practitioner He is currently Professor of Health Policy at Victoria and Dean of the new Faculty of Health.</p> <p>He was Professor and Head of Department of General Practice and Primary Health Care at the University of Auckland for 10 years.</p> <p>He has chaired two district health boards and been deputy chair of Pharmac. Until recently he was a board member of the Accident Compensation Corporation and is currently Chairman of WorkSafe New Zealand. He is a general practitioner with 40 years of professional experience. He has chaired national organisations including the Royal New Zealand College of General Practitioners, and District Health Boards New Zealand.</p>	<p>FRNZCGP</p> <p>PhD Public Policy, Victoria University of Wellington</p> <p>MB ChB, University of Otago</p> <p>MSc (1<sup>st</sup> Class Hons), Victoria University of Wellington</p> <p>BSc, Victoria University of Wellington</p>	Yes/No
Professor Graeme Young (Member of the order of Australia)	Professor of Global Gastrointestinal Health - Matthew Flinders Distinguished Professor Flinders Centre for Innovation in Cancer	<p>Graeme Young underwent secondary education at Northcote High School Melbourne and subsequently graduated MB, BS in 1969 from the University of Melbourne. After attaining Fellowship of the Royal Australasian College of Physicians (1978), he studied overseas on a Fogarty International Fellowship (NIH) and RACP Travelling Scholarship at Washington University, St Louis. He graduated MD in 1981 (University of Melbourne, research), and in 1997 was appointed as the foundation Professor of Gastroenterology at Flinders University of South Australia, and Regional Head of Gastroenterology and Hepatology, Southern Adelaide Health Service. In 2002, Graeme was additionally appointed as Director of Development, Flinders Centre for Innovation in Cancer. In 2005, he became Head of the Flinders Cancer Control Alliance, subsequently the Flinders Centre for Cancer Prevention and Control (FCCPC) and now Flinders Centre for Innovation in Cancer (FCIC). In 2011, he became Professor of Global Gastrointestinal Health at Flinders University while relinquishing his clinical appointments.</p>	<p>MB BS, Melbourne 1969</p> <p>MD, Melbourne 1981</p> <p>FRACP, 1978</p> <p>FTSE,</p> <p>Fellow, Australian Academy of Technological Sciences and Engineering, 2008</p> <p>AGAF, Fellow, American Gastroenterological Association, 2009</p>	Yes/No

Name	Role	Biography	Qualifications	Agreed
Dr William Rainger	Director Hygieia Consulting Ltd	<p>After working for a number of years in general practice Dr Rainger qualified as a Public Health Medicine Specialist in 1996. He has held a number of senior management positions in DHBs and in the Ministry of Health including a period as Director of Public Health. Since 2003 he has worked as an independent consultant in the health sector, covering a wide range of organisations, issues and parts of the country. From 2008 to 2011 he was the establishment president of the New Zealand College of Public Health Medicine.</p> <p>Dr Rainger's experience with screening programmes and related infrastructure includes: managing an audit of the National Cervical Cancer Screening Programme in 2004 (an outcome of the Gisborne enquiry into under-reporting of cervical smears), making recommendations for the establishment of a national familial gastro-intestinal cancer registry, and leading an investigation into possible under-reporting of screening mammograms in 2012.</p> <p>As well as providing consultancy services to the health sector Dr Rainger is a member of the Health Practitioners Disciplinary Tribunal, has designation nationally as a Medical Officer of Health, and holds governance positions with several Non Governmental Agencies.</p>	<p>BHB University of Auckland 1980</p> <p>MB ChB University of Auckland 1983</p> <p>Master of Public Health (Hons.)University of Auckland 1994</p> <p>Fellow of the Australasian Faculty of Public Health Medicine 1996</p> <p>Fellow of the New Zealand College of Public Health Medicine 2008</p>	Yes/No
Dr Mary Seddon	Independent Consultant	<p>Dr Seddon is a physician and public health doctor, she has been Clinical Director of Quality Improvement based at Counties Manukau DHB and the Executive Director Medical Services, Clinical Governance, Education and Research at West Moreton Hospital and Health Services in Queensland Australia. She is a Harkness Fellow and has spent time as part of this at Harvard Medical School.</p>	To be provided	Yes/No

## Appendix Two

### FINAL DRAFT Terms of Reference – Independent Assurance Review for National Bowel Screening Programme

#### Background

1. The National Bowel Screening Programme (NBSP) commenced in July 2017 with a staged roll-out starting in Hutt Valley and Wairarapa District Health Boards (DHBs) for men and women aged 60 to 74 years following a six year Bowel Screening Pilot (the Pilot) at Waitemata DHB.
2. The Ministry is currently on track to implement the NBSP by the end of the 2020/21 financial year:
  - Hutt Valley and Wairarapa DHBs commenced screening on 17 July 2017.
  - Waitemata DHB transitioned from the pilot to the NBSP on 1 January 2018.
  - Southern and Counties Manukau DHBs will commence screening by 30 June 2018.
  - The remaining 15 DHBs are scheduled to implement the NBSP between 1 July 2018 and 30 June 2021.
3. The primary objective of the NBSP is to reduce the mortality rate from bowel cancer, by diagnosing and treating bowel cancer at an earlier, more treatable (and less costly to treat) stage and to identify and remove pre-cancerous advanced adenomas (polyps) from the bowel before they become cancerous.
4. Implementing bowel screening is a complex process with a number of operational, technical and clinical dependencies, such as facilities, equipment, business processes, information technology and staffing. Roll-out of the NBSP is reliant on the ability of each DHB to provide clinically safe and appropriate services.

#### The Review

The Minister of Health is seeking assurance through an independent review about how well positioned the NBSP is for successful delivery, what changes might be required and what the Ministry of Health can learn to support the design and roll out of further national initiatives.

The impetus for the review is the identification of issues associated with the Bowel Screening Pilot Information Technology System (BSP) and operational processes that resulted in eligible participants not being (re) invited during the pilot which, for some eligible participants may have led to a delay in their bowel cancer diagnosis.

The review will explore why some eligible participants did not get (re) invited, and how the lessons learned from the operation and implementation of the pilot to programme can be applied to ensure a safe and successful roll out.

#### Purpose

To provide assurance that the NBSP is positioned for a successful roll out, the review will:

- Provide assurance on the NBSP governance, operational management and resourcing and recommendations for any changes as required, including:

- an in-depth review of the NBSP and associated operational processes to provide advice and assurance on its functionality to support the Programme in the initial roll out phases (DHB 1-8) and as the programme continues to be rolled out.
- assurance and evidence based recommendations about the transition from the Pilot to the NBSP, including the high level design of the National Screening Solution as a fit for purpose system.
- assurance and evidence based recommendations on the protocols and policies for operationalising the NBSP, ensuring they are robust and fit for purpose.
- assurance that a population health screening approach is embedded in the programme and those responsible for operationalising the NBSP have the tools, resources and expertise to do so.
- assurance that the planning and implementation processes to ensure DHBs are able to effectively plan and managed increased capacity requirements, including workforce, facilities, equipment, and ICT to safely implement the NBSP within the projected rollout timeframes.

### Scope exclusion

A clinical review of the evidence that supports the introduction of a population based bowel screening programme. The benefits and harms of bowel screening at a population level have been evidenced through international clinical evidence and New Zealand based evaluations of the Pilot and are outlined in the August 2016 programme business case.

### Review personnel

The Health Quality and Safety Commission (HQSC) will provide expert project management and secretariat support to the review team to ensure timely delivery of the findings.

As yet to be determined, option to lead this review could be Professor Gregor Coster.

Additional reviewer(s) with particular areas of expertise will be appointed to support the Lead reviewer.

The review team will also include input from a Public Health Medicine Specialist to provide expertise on population health systems and the impacts of these systems on the quality and safety of the roll out with a focus on future improvements.

### Review process

The reviewers will review relevant documentation, held by the Ministry and DHBs relating to the Pilot and the Programme, this will include information relating to the pilot operated by Waitemata DHB and Argonaut (BSP provider), including:

- The Programme and Implementation business cases for the NBSP
- The independent system and process review already undertaken on the issue (2018)
- Sapere research group review of round 1 and 2 of the Bowel Screening Pilot (2016)
- Accenture external information technology report (2016)
- EY information technology report (2017).
- Gateway review (2017)

The reviewers may interview former and current Ministry and DHB staff and any other persons as required.

The reviewers will also undertake further investigation and talk with representatives of other agencies (including the Treasury, Government Chief Digital Officer and Ministry of Business, Innovation and Employment) as necessary.

In addition to the matters set out under the Purpose, the reviewers may provide advice on any other matters arising in the course of the review.

### **Engagement and communications strategy**

A Communications strategy will be developed by HQSC, in consultation with the Ministry of Health and the Minister's office to support the review.

### **Deliverables**

The lead reviewer will provide a written report to the (Acting) Director General of Health, setting out their evidence based findings, and recommend any actions or improvements to policies, processes and practices as a result of the findings of the review. The evidence on which the findings are based will also be included in the report.

The reviewers will also include interim updates on progress as required to the (Acting) Director-General of Health.

The (Acting) Director General of Health will consider the findings of the review and based on this the Ministry will develop an action plan for implementation, as part of the on-going roll out of the NBSPP.

It is anticipated the review will take six to eight weeks.

### **Issues, conflicts and risk resolution**

Issues and potential conflicts or risks will be identified and documented by review members and escalated to the HQSC as identified.

### **Travel and expenses**

The HQSC will manage remuneration (within the rules stipulated by State Service Commission), travelling allowances and expenses for review members are to be met, where these are not already addressed as part of the terms of appointment.