Advice on potential independent expert reviewers and options for secretariat support 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 options for 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. You have indicated that your preference is for overseas independent experts.
3. The Ministry proposes that an external independent team of experts is brought together, led by a clinician with the appropriate clinical and population health and screening expertise (HR 20180178 refers). It is also recommended that the independent review team includes an operational-management expert as well as public health medicine and information technology expertise.
4. This multi-disciplinary team approach will ensure the review applies the appropriate population screening context and has the expertise to provide assurance and maintain confidence in the programme.
5. The Ministry has sought advice on Australian clinical and operational experts who have the appropriate experience and gravitas to undertake the assurance review.
6. The NBSP programme began roll out in July 2017. This roll out will continue as per the schedule agreed by Cabinet in December 2017. The independent assurance review will further inform the implementation of the NBSP which will be completed by June 2021.

Independent reviewer options

Options for Clinical reviewer (Lead reviewer)
7. The names of respected international experts with extensive clinical experience in the area of bowel cancer screening are outlined in the table below. Full Biographies can be found in Appendix One.
8. These experts have not been approached, availability and interest in undertaking this review is therefore not known at this point.
9. 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.
10. Associate (Member of the order of Australia) is also an internationally renowned gastroenterologist and screening expert. He is a long standing member of the Clinical

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<th>Contacts</th>
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<tr>
<td>Jill Lane, Director Service Commissioning</td>
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<td>Astrid Koornneef, Group Manager, National Screening Unit</td>
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Advisory Committee for the National Bowel Screening Programme in Australia. He has been recognised for leading research work in the area of colorectal cancer and bowel screening.

**Options for Operational reviewer**

11. The Ministry recommends that the Clinician leading the review is supported by a reviewer with the appropriate operational expertise. Internationally screening programmes are supported most effectively through a clinical-management partnership.

12. Ms , is a New Zealand trained nurse who has extensive experience in senior operational management positions within District Health Boards in New Zealand. For the past six years she has held the role of at the Cancer Institute in Sydney. Ms McGill is a Registered Nurse, a Fellow of the Australasian College of Health Services Management (ACHSM), holds a Master of Public Policy and a Post Graduate Diploma in Business Management.

**Option for Information Technology reviewers**

13. The Ministry recommends that because of the nature of the incident identified, an independent technology expert is included in the review team who can provide an in-depth review of the current Bowel Screening Information Technology System and provide assurance around the process and work underway on the National Screening Solution.

14. It is recommended that this expertise is sourced from within New Zealand. This will ensure reviewers have the right expertise to provide assurance in the context of the current New Zealand Health Information Technology environment as well as bring an in-depth understanding of the government rules of sourcing in relation to Information Technology procurement.

15. The Ministry proposes to engage KPMG for this part of the review, as they have the appropriate expertise. KPMG have not been involved at any stage of the Bowel Screening Pilot or Programme.

16. KPMG have recommended two experts to assist in this part of the review (Biographies are included in Appendix Two).

**Epidemiology and Equity**

17. The NBPS is a population health screening programme. Critical in the design and implementation of the programme has been the expertise provided by Public Health Medicine Specialists in the area of equity and epidemiology.

18. Achieving equity is one of the cornerstones of the programme and drives clinical and operational decision making. It is critical that the independent expert reviewers are supported with the appropriate clinical population health advice.

19. The Ministry has provided for your consideration, names of independent Public Health Medicine Specialists who could be approached to support the review team.

**Terms of Reference**

20. The Ministry understands you intend to confirm the scope and details of the review with the lead reviewer.

21. Should you wish, the Ministry can provide a high level draft Terms of Reference that could provide a starting point for your discussion with the Lead reviewer.

**Secretariat function**

22. To support the review, the Ministry proposes a robust secretariat function is provided to the review team. The secretariat would provide a co-ordination, facilitation, analysis and liaison role to the review team and ensure they can execute their role and meet the agreed deliverables in the most efficient and effective way possible.

23. The secretariat function can be provided either through a project team within the Ministry (separate to the NBSP implementation team) or through an external consulting agency such as KPMG.
Next Steps

24. To progress to the next phase, the Ministry would like to contact your preferred Clinical and Operational reviewers to assess their availability and willingness to undertake this review. A list is provided in the recommendation section of this report to indicate your preferences.

25. You have indicated that you would like the review to be completed in June 2018. The Ministry considers this achievable, however we suggest timeframes are adjusted to secure the best review team.

26. Availability of the clinician may depend on clinical and research commitments. However the Ministry recommends we explore availability with the preferred reviewer and adjust the review timelines accordingly.

27. Following your agreement we will also commence discussions with KPMG on the support for the technology component of the review.

28. We would also like you to indicate your preferred model for secretariat support.

Recommendations

The Ministry recommends that you:

a) **Indicate** your preference on the independent clinical reviewers in the right hand columns of the table in Appendix One  
   OR  
   **Invite** the Ministry to source further candidates for appointment.

b) **Agree** the Ministry progress contacting, in order of your preference, the reviewers to determine availability.

Yes/No

c) **Indicate** your agreement on the proposed operational reviewer s 9(2)(a) in Appendix One  
   OR  
   **Invite** the Ministry to source further candidates for appointment.

Yes/No

d) **Agree** the review be supported by a Public Health Medicine Specialist  
   AND  
   **Agree** the Ministry progress contact potential reviewers in order of your preference and determine their availability. (Appendix one)

Yes/No
<table>
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<th>e)</th>
<th>Agree the Ministry progress contact KPMG to secure reviewers for the information technology part of the review.</th>
<th>Yes/No</th>
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<tr>
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<td><strong>Indicate</strong> your preference for the secretariat function</td>
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<td></td>
<td>• <strong>Agree</strong> the secretariat function is provided by the Ministry of Health (separate of the NBSP implementation team)</td>
<td>Yes/No</td>
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<td><strong>OR</strong></td>
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<td></td>
<td>• <strong>Agree</strong> the secretariat function is provided by an external consulting agency.</td>
<td>Yes/No</td>
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<td>f)</td>
<td>Agree the Ministry develop high level draft Terms of Reference for you to refine and finalise with the Clinical Lead Reviewer.</td>
<td>Yes/No</td>
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Jill Lane  
Director  
Service Commissioning  

Minister’s signature:  
Date:
### Clinical (Lead) reviewer

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<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Biography</th>
<th>Qualifications</th>
<th>Comments</th>
<th>Has visited Pilot programme</th>
<th>Yes / No</th>
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| Professor Graeme Young      | Professor of Global Gastrointestinal Health - Matthew Flinders Distinguished Professor Flinders Centre for Innovation in Cancer | 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. | MB BS, Melbourne 1969  
MD, Melbourne by research thesis) 1981  
FRACP,1978  
FTSE,  
Fellow, Australian Academy of Technological Sciences and Engineering, 2008  
AGAF, Fellow, American Gastroenterological Association, 2009 | Has visited the Pilot programme | Yes / No |
| Associate Professor         | Associate Professor Melbourne University and Gastroenterologist at Melbourne Hospital | s 9(2)(a)                                                                                                                                                                                                 | s 9(2)(a)  
MD, University of Melbourne 2001  
MB,BS, University of Melbourne 1959  
Fellowship of the American Gastroenterological Association, 2007  
Member of the Order of Australia, AM, 1998 | Was part of the evaluation advisory group for the Bowel Screening Pilot in 2016 | Yes / No |
| $9(2)(a)$ | Fellow of the Royal College of Physicians of London, 1980  
Fellow of the Royal Australasian College of Physicians, 1971  
Member of the Royal College of Physicians of London, 1965 |
### Operational reviewer

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<th>Name</th>
<th>Role</th>
<th>Biography</th>
<th>Comments</th>
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<tr>
<td>§ 2(2)(a)</td>
<td>Director, Cancer Institute New South Wales, Sydney</td>
<td>Registered Nurse, and a Fellow of the Australasian College of Health Services Management (ACHSM)</td>
<td>Worked at Ministry of Health around 2003 as a senior portfolio manager</td>
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<tr>
<td></td>
<td></td>
<td>Master of Public Policy</td>
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<tr>
<td></td>
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<td>Post Graduate Diploma in Business Management.</td>
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## Public Health Medicine Specialist to support the review team

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<th>Name</th>
<th>Role</th>
<th>Biography</th>
<th>Comments</th>
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<tr>
<td>Dr Jones</td>
<td>Senior Lecturer at Te Kupenga Hauora Māori University of Auckland</td>
<td>MB ChB 1994 Auckland Bachelor of Medicine Bachelor of Surgery University of Auckland, New Zealand FAFPHM (RACP) 2003 Fellow of the Australasian Faculty of Public Health Medicine of the RACP Royal Australasian College of Physicians, New Zealand FNZCPHM 2008 Fellow of the New Zealand College of Public Health Medicine New Zealand College of Public Health Medicine, New Zealand</td>
<td>Dr Jones has provide the National Screening Unit with training on equity in 2016</td>
</tr>
<tr>
<td>Dr William Rainger</td>
<td>Consultant</td>
<td>MB ChB 1983 Auckland Bachelor of Medicine Bachelor of Surgery University of Auckland, New Zealand FAFPHM (RACP) 1996</td>
<td>Currently employed at ACC and has a part time role with Ministry of Health in the area of</td>
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<tr>
<td>Emergency Management</td>
<td>Fellow of the Australasian Faculty of Public Health Medicine of the RACP</td>
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<tr>
<td>Critical Incident Management and Analysis</td>
<td>Royal Australasian College of Physicians, New Zealand</td>
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<td>Leadership of organisation development programmes</td>
<td>FNZCPHM 2008</td>
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<tr>
<td>Change Management and</td>
<td>Fellow of the New Zealand College of Public Health Medicine</td>
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<tr>
<td>Leadership of information technology projects.</td>
<td>New Zealand College of Public Health Medicine, New Zealand</td>
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Led the 2012 Ministry of Health review into the Breast Screen Aoteroa incident in Breast Screen Health Care Incident.
Appendix Two

\section{s 9(2)(a)} is KPMG’s \section{s 9(2)(a)} for Project Quality Assurance, and her focus is on ensuring successful delivery of outcomes across our client’s technology projects. \section{s 9(2)(a)} has over ten years’ experience providing independent quality assurance across large programmes of work and across a wide variety of projects. \section{s 9(2)(a)} has significant experience of managing and assessing complex information communication and technology projects and has over twenty years’ experience managing and advising on information technology systems, including infrastructure deployments and application development projects. \section{s 9(2)(a)} takes great pride in delivering a quality service to our clients and enjoys positive working relationships with the people she works with. \section{s 9(2)(a)} has a successful track record in IQA service provision to programme and projects involving public facing, nationwide technology-based services.

She advises on key issues impacting our client organisations and regularly produces thought leadership publications for the project management community. Her career in information communication and technology spans over 25 years, with programme and project management over technology and communications projects a major focus.

\section{s 9(2)(a)} has significant experience in delivering independent reviews of technology infrastructure projects including a wide range of IQA services for high profile projects for government clients including Ministry of Social Development, Ministry of Education, New Zealand Police, New Zealand Qualifications Authority, Department of Corrections, and Ministry of Health. \section{s 9(2)(a)} also has experience as a project manager and uses this