Evaluation of the Bowel Screening Pilot – Follow-up Provider Survey

Ministry of Health
Manatū Hauora

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Preface

This report has been prepared for the Ministry of Health by Liz Smith, Lisa Gregg and Kelvin Lange from Litmus Limited. We acknowledge Reid Research Services Limited for conducting the online survey and thank James Reilly from Statistical Insights Limited for his expert advice on survey data analysis.

We thank Dr Juliet Walker and Dr Deborah Read for their review and feedback on the draft report.

We acknowledge and thank all those who participated in the surveys. We also thank:

- Primary Health Organisations for sending the survey and survey reminders to general practices; in particular, we would like to acknowledge Mohammed Anis (Procare), Jackie Fleming (Waitematā Primary Health Organisation), Maple Zhang (National Hauora Coalition), and Stephanie Watson, Coast to Coast Healthcare for their support and advice
- Thelma Turner (Endoscopy Unit, Waitakere Hospital) and Christine McGreevy Radiology Department (Radiology, North Shore Hospital) for assisting with distribution of the survey to Waitematā District Health Board endoscopy and radiology staff
- Professor Scott Ramsey for his expert review of the BSP Evaluation Plan prepared by Litmus Limited and Sapere Research Group
- Members of the Ministry of Health’s Evaluation Advisory Group for their expert review comments on the BSP Evaluation Plan, draft survey questionnaire and the draft report
- Litmus’ Governance Group members for their specialist screening evaluation advice, and ongoing guidance and advice
- Staff in the BSP teams at the Ministry of Health and the Waitematā District Health Board for supporting the Bowel Screening Pilot Evaluation.

Please contact Liz Smith (liz@litmus.co.nz) or Lisa Gregg (lisa@litmus.co.nz) if you have any questions about this report.
1. Executive summary

1.1 Background

The Ministry of Health (MoH) has funded Waitematā District Health Board (WDHB) to run a Bowel Screening Pilot (BSP) over four years from 2012 – 2016. An evaluation of the BSP is being undertaken by Litmus and Sapere Research Group, the results of which will contribute to a decision on whether or not to roll out a national bowel screening programme. The goal of the evaluation is to determine whether organised bowel screening could be introduced in New Zealand in a way that is effective, safe and acceptable for participants, equitable and economically efficient.

Online surveys of health providers are one of the planned evaluation activities. The purpose of the provider surveys is to assess providers’ awareness and knowledge of the BSP, attitudes towards the BSP and its delivery mechanisms, and perceived impact of the BSP on normal services. The surveys also aim to measure attitudes towards a possible national roll-out of a bowel screening programme. This report presents findings from the first follow-up provider survey, undertaken with general practitioners (GPs), practice nurses, endoscopy staff and radiology staff in WDHB. A baseline provider survey was undertaken in November 2011 – January 2012, prior to the full implementation of the BSP in January 2012, and a second follow-up survey will be undertaken in 2015. The follow-up surveys will enable changes in providers’ awareness, knowledge, attitudes and perceptions to be tracked over time.

1.2 Methodology

Questionnaire development incorporated advice from a range of experts. Draft questionnaire content was pretested with primary care and endoscopy staff. The questionnaire was structured to enable different providers to answer different questions, relevant to their role.

The follow-up survey was delivered online over a ten-week period, from 14 October to 20 December 2013. Providers were emailed a link to complete the survey. A total of 80 GPs, 72 practice nurses, 26 other general practice staff, 18 endoscopy staff and 24 radiology staff took part in the survey.

1.3 Key findings

Findings from the follow-up provider survey provide indicative and useful information about awareness, knowledge and attitudes to the BSP among WDHB health providers. In particular, it also allows comparison to the 2011 baseline provider survey conducted before the BSP was fully implemented. Key findings from the follow-up provider survey are as follows.

- There is high awareness of the BSP across WDHB GPs, practice nurses, endoscopy and radiology staff.
- Since the 2011 baseline provider survey and the commencement of the BSP, there has been a significant increase in the extent providers feel informed about the BSP, although between 8% and 32% of each of these groups still agree that they are not well informed about it, with radiology staff the least informed and GPs the most informed.
Overall, GPs and practice nurses are aware of the different roles of general practice in the BSP. Positively, there have been significant improvements in the awareness of each of the roles that were identified as less certain in the 2011 baseline provider survey. Of particular note is the strong agreement that it is the role of GPs to inform BSP participants of positive immunochemical faecal occult blood test (iFOBT) results; although 7% continue to disagree this is their role.

Similarly, endoscopy staff are aware of the different roles of the Waitakere Hospital Endoscopy Unit (WHEU) in the BSP and have made significant increases in the key areas identified for enhanced understanding, namely, notifying patients who receive a positive iFOBT if they have not been notified by general practice, and referring patients for a computed tomography (CT) colonography if a colonoscopy is not suitable for them. Of note however is a decrease in the awareness of the role of providing colonoscopy results to the BSP Coordination Centre.

Most GPs, practice nurses and endoscopy staff feel increasingly confident explaining the BSP to patients. However, many radiology staff do not. Similarly, most GPs, practice nurses and endoscopy staff believe that they have an important role in the BSP, whereas only half of radiology staff has this view.

Despite improving amongst some provider groups, awareness of the New Zealand Familial Gastrointestinal Cancer Registry remains relatively low, especially amongst radiology staff.

All health providers surveyed view New Zealand’s bowel cancer death rate as a significant health concern.

There is near universal support among health providers for the BSP in WDHB and for a national bowel screening programme. There is also strong support for use of the iFOBT amongst GPs, practice nurses and endoscopy staff. Radiology staff indicate less support for its use.

Although the majority of general practice staff reported their workload increased due to the BSP, this was significantly lower than the impact that was expected at the time of the 2011 baseline provider survey. In contrast, endoscopy staff confirmed expectations by universally reporting an increase to their workload. Views on service capacity across the screening pathway are mixed with high levels of ‘don’t knows’ by providers not delivering the service.

Overall, GPs, practice nurses and endoscopy staff rate their performance delivering relevant BSP activities fairly well, although these ratings tend to be lower than the expected performance ratings given in the 2011 baseline provider survey.

For GPs, the areas where performance was not rated as highly was referring patients with family history of bowel cancer to the New Zealand Familial Gastrointestinal Cancer Registry, and liaising with the BSP Coordination Centre when unable to contact patients with positive iFOBT results.

The effectiveness of interfaces between the different service providers in the BSP is varied, with GPs in particular acknowledging an improvement compared to before the launch of the BSP. In contrast, endoscopy staff perceive room to improve the interface between WHEU and general practice.
1.4 Implications for the Bowel Screening Pilot

Positively, the provider survey indicates increased levels of awareness, knowledge and support for the BSP among general practice, endoscopy and radiology staff. Key areas of focus for screening round two are:

- ensuring all GPs are aware of their role to inform BSP participants of positive results
- ensuring the effective interface between WHEU and general practice particularly giving information about BSP participants referred with a positive iFOBT to WHEU
- building awareness of the New Zealand Familial Gastrointestinal Cancer Registry amongst BSP providers and their role in referrals.
2. Introduction

2.1 Background

The Ministry of Health (MoH) has funded Waitematā District Health Board (WDHB) to run a Bowel Screening Pilot (BSP) over four years from 2012–16.¹ The BSP began with a ‘soft launch’ in late 2011, with full operation of the pilot starting in January 2012. Litmus and Sapere Research Group have been funded by the MoH to undertake an evaluation of the BSP, including a cost-effectiveness analysis. The evaluation will inform a decision about whether or not to roll out a national bowel screening programme.

The overall goal and underlying objectives of the BSP and its evaluation are the same and have been defined by the MoH. The overall goal of both is to determine:

*Whether organised bowel screening could be introduced in New Zealand in a way that is effective, safe and acceptable for participants; equitable and economically efficient.*

The goal comprises four key aims.

1. Effectiveness: Is a national bowel screening programme likely to achieve the mortality reduction from bowel cancer for all population groups seen in international randomised controlled trials?

2. Safety and acceptability: Can a national bowel screening programme be delivered in a manner that is safe and acceptable?

3. Equity: Can a national bowel screening programme be delivered in a manner that eliminates (or does not increase) current inequalities between population groups?

4. Economic efficiency: Can a national bowel screening programme be delivered in an economically efficient manner?

A number of activities are planned for the evaluation of the BSP.² Included in these is an online health provider survey which informs a number of the evaluation questions.³ The survey is being conducted as a baseline prior to the full implementation of the BSP, as well as two follow-up surveys after commencement of the BSP. Each will be undertaken with general practitioners (GPs), practice nurses, other general practice staff, and endoscopy and radiology staff in WDHB.

This report presents the findings from the first follow-up provider survey conducted from 14 October to 20 December 2013. The second follow-up provider survey will be undertaken in 2015.

The New Zealand Health and Disability Multi-region Ethics Committee granted ethical approval for the suite of BSP evaluation activities (reference MEC/11/EXP/119).

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¹ WDHB was named as the pilot bowel screening site in December 2010 http://beehive.govt.nz/release/waitemata-named-bowel-screening-pilot-site accessed 22 February 2012.

² Refer to the Evaluation Plan for the Bowel Screening Pilot 2011–2016 (Litmus Limited, 2011) for details of evaluation activities.

³ Refer Section 2.4 of the Evaluation Plan for the Bowel Screening Pilot 2011–2016 (Litmus Limited, 2011) for the full list of evaluation questions.
2.2 Survey purpose

General practice, endoscopy and radiology providers play a key role in delivery of the BSP. A baseline survey was undertaken in November 2011 – January 2012, prior to the full implementation of the BSP in January 2012, to assess providers’ awareness and knowledge of the BSP, attitudes towards the BSP and its delivery mechanisms, and the perceived impact of the BSP on normal services. It also measured attitudes towards a possible national roll-out of a bowel screening programme.

This first follow-up survey enables changes in providers’ awareness, knowledge, attitudes and perceptions to be tracked over time, following commencement of the BSP.

Information about the role of general practice, endoscopy and radiology in the BSP, and the impact of the BSP on normal services, will enable identification of wider workforce implications for national roll-out of a bowel screening programme.
3. Survey methodology

This section outlines the process used to design and test the questionnaire, the survey design and sampling approach, survey response rates and representativeness, sample descriptions, analysis notes and methodological limitations.

3.1 Questionnaire design and pretesting

The content of the provider questionnaire was initially developed following review of overseas literature reporting on surveys for bowel screening programmes and assessments of bowel cancer screening. Draft questionnaire content was reviewed by the evaluation team's Governance Group, an independent expert reviewer⁴ and the MoH's Evaluation Advisory Group. Changes were made accordingly.

Following this, pretesting for interpretation, understanding, and to gauge survey length was undertaken with members of the BSP Primary Care Liaison Group and a key contact at the Waitakere Hospital Endoscopy Unit (WHEU). Modifications were subsequently made to the questionnaire to ensure:
- the survey was the required length
- questions were easy to understand and respond to
- terms and language used were appropriate.

The revised questionnaire was sent to members of the evaluation team's Governance Group and the MoH's Evaluation Advisory Group for final comment. Minor adjustments to the questionnaire were made reflecting feedback from these stakeholders.

Reflecting the different roles of BSP providers, the questionnaire was structured to enable different providers to answer different questions, relevant to their role. The survey used a majority of close-ended questions to enhance speed of response and overall response rates. Future qualitative research with providers (proposed in the BSP Evaluation Plan)⁵ will provide a depth of understanding about the survey responses received.

For the first follow-up survey, the baseline provider survey questionnaire was used to ensure comparability to the baseline results, with just a small number of changes made to the questionnaire where necessary:
- removal of questions 20 - 23 due to the results obtained in the baseline provider survey being counter-intuitive, indicating respondents had understood the questions differently from their design intent
- changing the tense to some questions given that the BSP is now underway
- adjustments to the introductions to some questions to improve the flow of the questionnaire.

The final questionnaire is contained in Appendix 1.

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⁴ Professor Scott Ramsey, Fred Hutchinson Cancer Research Center, Seattle, USA

⁵ Litmus Limited (2011).
3.2 Survey design and sampling approach

The final survey and sample design was determined following discussion with the MoH about the key provider groups for the BSP and the best way of collecting data from these groups. Three provider groups were identified:

1. GPs and practice nurses working in general practices located in the WDHB area
2. endoscopy staff at the WHEU
3. radiology staff at North Shore Hospital radiology unit and WHEU.

A number of options for accessing and surveying providers were explored, including the following.

- Random sampling of GPs and practice nurses using telephone interviews from the Blue Pages in the phone book was discounted due to the difficulties of accessing busy health professionals and the high cost.
- Accessing eligible GP and practice nurse contact details from Primary Health Organisations (PHOs) with practices located in the WDHB area. Early feedback indicated that PHOs would be unlikely to release health practitioner contact details to the evaluation team due to privacy concerns. However, PHOs indicated willingness to forward survey information and invitations to eligible GPs and practice nurses on behalf of the evaluation team.
- Accessing endoscopy and radiology staff from contact lists provided by WDHB. Early discussions with senior endoscopy and radiology staff indicated willingness to provide contact details of eligible staff.

An online survey was selected as the most cost-effective approach to accessing busy health professionals and enhancing participation. General practice staff were contacted by PHOs; endoscopy and radiology staff were contacted by the evaluation team.

Each provider group completed a separate survey, comprising questions relevant to their specific roles in the BSP and questions common to all three groups. Respondents stated their role at the outset of the questionnaire to trigger the correct stream of questions for their role.

The sampling approach for each provider group was consistent with that used in the baseline provider survey and is outlined below.

**General practice sampling**

The eligible population for the general practice survey was all GPs and practice nurses working in general practices located in the WDHB area. A response category was also provided for ‘other general practice staff’ who may have received and completed the survey.

In the absence of contact lists for eligible GPs and practice nurses, PHOs with general practices located in the WDHB area were asked to contact eligible GPs and practice nurses on behalf of the evaluation team. Involved PHOs were Procare, Waitematā PHO, National Hauora Coalition and Coast to Coast Healthcare. PHOs undertook the following steps to inform GPs and practice nurses of the BSP survey and encourage their participation.

1. GPs and practice nurses were notified of the upcoming BSP survey via direct emails or general PHO bulletins.
2. Eligible GPs and practice nurses were individually emailed a link to the survey. Due to the distribution method, invitees were not assigned unique identifier numbers or survey passwords.
3. GPs and practice nurses were sent three reminders to complete the survey. Reminders were sent via direct emails to eligible GPs and practices nurses, PHO bulletins or emails to practice managers. Follow-up phone calls were also undertaken by one PHO to boost the response rate.

A sample of 80 GPs, 72 practice nurses and 26 other general practice staff took part in the survey out of an estimated 328 GPs and 404 practice nurses in WDHB (refer Table 1).

Endoscopy sampling

The eligible population for the endoscopy survey was all staff working in the WHEU who are involved in delivery of the BSP. A senior Endoscopy Unit staff member provided a list of 26 eligible staff members and their email addresses. The list included clinical staff, sterile services staff and administration staff.

All eligible staff were emailed a link to the survey by the evaluation team. Invitees were not assigned unique identifier numbers or survey passwords. Two reminders were sent to eligible staff who did not appear to have completed the survey.

A sample of 18 endoscopy staff took part in the survey out of an estimated 26 endoscopy staff in WDHB (refer Table 1).

Radiology sampling

The eligible population for the radiology survey was all staff working in the Waitakere Hospital and North Shore Hospital radiology units who are involved in delivery of the BSP. A senior staff member representing WDHB Radiology Services provided a list of 47 eligible staff members and their email addresses. The list included clinical staff, technical staff and administration staff.

All eligible staff were emailed a link to the survey by the evaluation team. Invitees were not assigned unique identifier numbers or survey passwords. Two reminders were sent to eligible staff who did not appear to have completed the survey.

A sample of 24 radiology staff took part in the survey out of an estimated 47 radiology staff in WDHB (refer Table 1).

Encouraging participation

To encourage participation, everyone who completed the survey was eligible to be entered in a prize draw for a Christmas hamper valued at $100. There were two hampers to be won.

In a further effort to increase participation, the survey field period was extended for an additional month from the intended close date of 8 November 2013.

Following a randomised selection process, the hampers were won by respondents in primary care and radiology.

3.3 Response rates and representativeness

Response rates and representativeness

The survey was delivered by Reid Research Services Limited on behalf of Litmus over a nine-week period from 14 October to 20 December 2013. The survey took around ten minutes to complete.
Participation in the provider survey was voluntary. By choosing to take part, respondents gave consent for data to be used. Response rates for each provider group are shown in Table 1. The achieved sample and response rates for the baseline survey conducted in 2011 are in Table 2, and show the achieved response rates across the groups are reasonably similar to the baseline survey across the four provider groups.

Table 1: Achieved response rates in 2013

<table>
<thead>
<tr>
<th>Provider group</th>
<th>Respondents (n)</th>
<th>Eligible population (N)</th>
<th>Response rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>General practitioners</td>
<td>80</td>
<td>328*</td>
<td>24%</td>
</tr>
<tr>
<td>Practice nurses</td>
<td>72</td>
<td>404*</td>
<td>18%</td>
</tr>
<tr>
<td>Other general practice staff*</td>
<td>26</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Endoscopy staff</td>
<td>18</td>
<td>26</td>
<td>69%</td>
</tr>
<tr>
<td>Radiology staff</td>
<td>24</td>
<td>47</td>
<td>51%</td>
</tr>
</tbody>
</table>

* Figure based on PHO estimates

* Other general practice staff were combined with the practice nurse sample for analysis

Table 2: Achieved response rates in 2011

<table>
<thead>
<tr>
<th>Provider group</th>
<th>Respondents (n)</th>
<th>Eligible population (N)</th>
<th>Response rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>General practitioners</td>
<td>88</td>
<td>328*</td>
<td>27%</td>
</tr>
<tr>
<td>Practice nurses</td>
<td>88</td>
<td>404*</td>
<td>22%</td>
</tr>
<tr>
<td>Other general practice staff*</td>
<td>8</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Endoscopy staff</td>
<td>21</td>
<td>27</td>
<td>78%</td>
</tr>
<tr>
<td>Radiology staff</td>
<td>30</td>
<td>49</td>
<td>61%</td>
</tr>
</tbody>
</table>

* Figure based on PHO estimates

* Small number of other general practice staff – combined with practice nurse sample for analysis

As in 2011 and similar with other surveys the response rates achieved for GPs and practice nurses is low.

Response rates are one indicator of survey quality. Their importance derives from the possibility that non-respondents may be different on average from respondents, and in significant ways. If non-respondents and respondents are similar on average, a low response rate need not be of concern. The difficulty for the general practice survey is that data has not been collected from non-respondents. Consequently, whether GPs and practice nurses who did not participate in the survey differ in significant ways from those who did is unknown.

The implications of the low GP and practice nurse response rates are discussed in Section 3.6.

Margins of error

All surveys aimed to collect data from everyone in the relevant eligible populations, that is, they were intended to be censuses, not surveys of a randomly chosen sample from the population. If non-response is assumed to be random, this would mean that completion of the survey was unrelated to respondent demographics and other survey variables, and the survey results would be representative of the relevant populations. However, the random nature of the non-response would introduce some random variation into the survey results.
The potential size of this random variation can be quantified as the margin of error applying to each figure from the surveys, which depends on the sample size, the sampling fraction and the figure itself. Table 3 shows the margins of error that apply for each survey, for a range of percentages at the 95% confidence level, assuming random non-response. For example, where GPs give a 50% response to a question, their response lies between 40% and 60% based on a margin of error of ±10%.

Table 3: Margins of error at the 95% confidence level, for percentages from each survey

<table>
<thead>
<tr>
<th>Provider group</th>
<th>20%</th>
<th>30%</th>
<th>40%</th>
<th>50%</th>
<th>60%</th>
<th>70%</th>
<th>80%</th>
</tr>
</thead>
<tbody>
<tr>
<td>General practitioners</td>
<td>8%</td>
<td>9%</td>
<td>9%</td>
<td>10%</td>
<td>9%</td>
<td>9%</td>
<td>8%</td>
</tr>
<tr>
<td>Practice nurses</td>
<td>7%</td>
<td>8%</td>
<td>9%</td>
<td>9%</td>
<td>9%</td>
<td>8%</td>
<td>7%</td>
</tr>
<tr>
<td>Endoscopy staff</td>
<td>11%</td>
<td>12%</td>
<td>13%</td>
<td>13%</td>
<td>13%</td>
<td>12%</td>
<td>11%</td>
</tr>
<tr>
<td>Radiology staff</td>
<td>11%</td>
<td>13%</td>
<td>14%</td>
<td>14%</td>
<td>13%</td>
<td>13%</td>
<td>11%</td>
</tr>
</tbody>
</table>

3.4 Sample description

Table 4 shows the sample composition for each of the provider groups in this survey by key demographic variables, including gender and ethnicity. The achieved sample composition is similar to the 2011 survey across the four provider groups (Litmus 2012).

Table 4: Key demographic variables, all provider groups

<table>
<thead>
<tr>
<th>Variable</th>
<th>Provider group</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>General practitioners (n=80)</td>
<td>Practice nurses/other staff (n=98)</td>
<td>Endoscopy staff (n=18)</td>
<td>Radiology staff (n=24)</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
<td>Female</td>
<td>No response</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>35</td>
<td>1</td>
<td>3</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>40</td>
<td>89</td>
<td>14</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>8</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Ethnicity</td>
<td>Māori</td>
<td>Pacific</td>
<td>Asian</td>
<td>Other (including New Zealand European)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>63</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>85</td>
<td></td>
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<tr>
<td></td>
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<td></td>
<td></td>
<td>15</td>
<td></td>
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<td></td>
<td>18</td>
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<td>6</td>
<td></td>
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<td>8</td>
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<td>1</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

Table 5 shows additional general practice information for GPs and practice nurses and/or other general practice staff who participated in the survey. It includes the size of practice (using number of full-time equivalent, or FTE, GPs) and the estimated size of the enrolled practice population. In 2013, more providers from larger practices with 10,000 plus patients completed the survey (21 practices) than in 2011 (9 practices).

---

6 Prioritised ethnicity.
### Table 5: General practice information, general practitioners, practice nurses and/or other staff

<table>
<thead>
<tr>
<th>General practice</th>
<th>General practitioners (n=80)</th>
<th>Practice nurses and/or other staff (n=98)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Size of practice (# FTE GPs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1–2</td>
<td>28</td>
<td>32</td>
</tr>
<tr>
<td>3–4</td>
<td>18</td>
<td>33</td>
</tr>
<tr>
<td>5–6</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>7+</td>
<td>21</td>
<td>14</td>
</tr>
<tr>
<td>No response</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Size of practice (enrolment)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0–5,000</td>
<td>34</td>
<td>43</td>
</tr>
<tr>
<td>5,001–10,000</td>
<td>20</td>
<td>27</td>
</tr>
<tr>
<td>10,001+</td>
<td>21</td>
<td>19</td>
</tr>
<tr>
<td>No response</td>
<td>5</td>
<td>9</td>
</tr>
</tbody>
</table>

Note: FTE = full-time equivalent; GPs = general practitioners


### 3.5 Analysis

The following points explain the analytical approaches used in this report.

- Data were analysed by provider group. The small numbers overall and for particular provider groups have prevented detailed analysis due to statistical limitations in making comparisons with small numbers. Analysis by respondent ethnicity was not possible due to small numbers of Māori and Pacific respondents.
- Comparisons have been made between the results in the first follow-up provider survey and the 2011 baseline provider survey. Significant differences noted for endoscopy staff and radiology staff should be treated as indicative only due to their small sub-sample sizes.
- The ‘other general practice staff’ (n=26) have been grouped with practice nurses for analysis purposes (referred to hereafter as ‘practice nurses’). The decision to combine these two groups reflects: the small size of the sub-sample of other general practice staff; a comparison of practice nurse and other general practice staff responses showed no substantive differences in their results; consistency in which the way this group were dealt with in the 2011 baseline provider survey; and it would be unethical to exclude other practice staff responses.
- Radiology staff from the two WDHB hospitals, Waitakere and North Shore, have been grouped together for analysis purposes.
- Findings are presented for four provider sub-groups: GPs, practice nurses (including other general practice staff), endoscopy staff and radiology staff.
- The provider groups who answered each question are indicated in graph titles. The actual number of respondents who answered each question is indicated on the graphs.
- Not all respondents completed the full survey, so some sample bases reduced as the survey progressed. Analysis was limited to those who gave an answer to each question.
- Percentage values quoted in the text and graphs have been rounded to whole numbers.
- Two respondents indicated that their practice was located outside of the WDHB area. Given the small number involved and to retain consistency with the way such respondents were dealt with in the 2011 baseline provider survey, they were included in the total sample. Note: some practices outside of the WDHB will have patients living in WDHB and who are therefore eligible to take part in the BSP.
- Similarly, 13 respondents did not state the DHB location of their practice. An analysis was undertaken to assess whether or not there was any significant difference in the findings between those not stating their location and those known to be located in WDHB. No significant differences were noted so, given the small achieved sample, the findings presented in this report are based on all GPs and practice nurses and/or other staff who completed the survey.
- Thematic analysis of the open-ended questions in the survey was undertaken. Information from these comments is used to supplement and offer greater depth of understanding and interpretation of the survey data. Key themes and example quotes have been included in relevant sections.

3.6 Methodological limitations

In the absence of any other information, the provider surveys provide important and useful information to the BSP Evaluation. They offer indication of changes in providers’ knowledge, attitudes and expectations of the BSP before launch and 24 months later.

The key methodological limitations of the provider surveys are the low GP and practice nurse response rates and an inability to establish whether GP and practice nurse samples are representative of the wider population of WDHB GPs and practice nurses. Consequently, GP and practice nurse findings are indicative and not definitive. Qualitative research with general practice staff provides an opportunity to explore and further understand survey findings (refer Litmus 2014 report on the role and value of general practice in the BSP).

In contrast, given the high response rates for the endoscopy and radiology surveys, there is greater confidence that the findings are representative of WDHB endoscopy and radiology staff.
4. Awareness and knowledge

This section presents findings relating to providers’ awareness and knowledge of the BSP and their role in the BSP. Provider awareness of the New Zealand Familial Gastrointestinal Cancer Registry is also reported in this section.

4.1 Awareness of the Bowel Screening Pilot

There was almost complete awareness of the BSP in WDHB across all providers surveyed. Awareness significantly increased since the 2011 baseline provider survey for GPs (100% cf. 94%), practice nurses (99% cf. 85%) and radiology staff (100% cf. 87%). Endoscopy staff remained at 100% awareness as per the 2011 baseline provider survey (Figure 1).

Figure 1: Provider awareness of the Bowel Screening Pilot, all provider groups

<table>
<thead>
<tr>
<th>Provider Group</th>
<th>2011 (n)</th>
<th>2013 (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>GPs</td>
<td>100</td>
<td>94</td>
</tr>
<tr>
<td>Practice nurse/other</td>
<td>85</td>
<td>99</td>
</tr>
<tr>
<td>Endoscopy staff</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Radiology staff</td>
<td>87</td>
<td>100</td>
</tr>
</tbody>
</table>

Base: All respondents who answered the survey question
Source: BSP Evaluation online baseline provider survey 2011, and online follow-up provider survey 2013
Note: GPs = general practitioners
4.2 Sources of information about the Bowel Screening Pilot

When shown a list of possible sources of information about the BSP, providers reported that they had seen or heard information about the BSP from a range of sources.

General practitioners most frequently mentioned WDHB (80%), PHOs (71%), and the BSP Coordination Centre (43%). Similarly, the main sources of information cited by practice nurses were WDHB (80%), PHOs (76%), and colleagues (51%), (Table 6).

Endoscopy staff reported that they had seen or heard information about the BSP mainly from WDHB (100%), colleagues (71%), and conferences, meetings, presentations (47%). While the main sources of information about the BSP for radiology staff were WDHB (92%), colleagues (46%) and the media (42%).

Reflecting the increased awareness of the BSP by providers, sources tended to be mentioned more frequently than in the 2011 baseline provider survey. In particular, WDHB, Ministry of Health, patients, the BSP Coordination Centre and the BSP website were each mentioned by most provider groups at a significantly higher rate than in the 2011 baseline provider survey.

Table 6: Sources of information about the Bowel Screening Pilot, all providers

<table>
<thead>
<tr>
<th>Source of Information</th>
<th>General practitioners</th>
<th>Practice nurses/other staff</th>
<th>Endoscopy staff</th>
<th>Radiology staff</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2013 n=80 (%)</td>
<td>2013 n=96 (%)</td>
<td>2013 n=17 (%)</td>
<td>2013 n=24 (%)</td>
</tr>
<tr>
<td></td>
<td>2011 n=88 (%)</td>
<td>2011 n=96 (%)</td>
<td>2011 n=21 (%)</td>
<td>2011 n=30 (%)</td>
</tr>
<tr>
<td>Waitematā District Health Board</td>
<td>80</td>
<td>80</td>
<td>100</td>
<td>92</td>
</tr>
<tr>
<td>Colleagues</td>
<td>39</td>
<td>34</td>
<td>51</td>
<td>46</td>
</tr>
<tr>
<td>Bowel Screening Pilot Coordination Centre</td>
<td>43</td>
<td>40</td>
<td>41</td>
<td>4</td>
</tr>
<tr>
<td>Patients</td>
<td>33</td>
<td>47</td>
<td>12</td>
<td>38</td>
</tr>
<tr>
<td>Ministry of Health</td>
<td>31</td>
<td>51</td>
<td>35</td>
<td>33</td>
</tr>
<tr>
<td>Conference /meetings /presentations</td>
<td>34</td>
<td>27</td>
<td>47</td>
<td>13</td>
</tr>
<tr>
<td>Primary Health Organisation</td>
<td>71</td>
<td>35</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>Media</td>
<td>14</td>
<td>35</td>
<td>41</td>
<td>42</td>
</tr>
<tr>
<td>Bowel Screening Pilot website</td>
<td>26</td>
<td>24</td>
<td>35</td>
<td>17</td>
</tr>
<tr>
<td>Professional organisation correspondence</td>
<td>24</td>
<td>13</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>6</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Not heard anything about the Bowel Screening Pilot</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Received BSP kit or BSP information in mail</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>13</td>
</tr>
</tbody>
</table>

Base: All respondents who answered the survey question
Source: BSP Evaluation online baseline provider survey 2011 and online follow-up provider survey 2013
4.3 Knowledge about the Bowel Screening Pilot

When asked to indicate the extent to which they agreed that they were not well informed about the BSP, encouragingly, results were significantly improved for all provider groups.

The large majority of GPs (85%) and endoscopy staff (82%) disagreed or strongly disagreed that they were 'not well informed about the BSP'. This was a significant increase from 41% for GPs, while it is also notable that endoscopy staff showed a significant increase for strongly disagree from 25% in the 2011 baseline provider survey to 53%.

Around two-thirds of practice nurses disagreed or strongly disagreed they were ‘not well informed about the BSP’ (66%), while results were more mixed for radiology staff whereby one-half disagreed or strongly disagreed (50%). These were significant increases from 44% and 20% respectively in the 2011 baseline provider survey.

Figure 2: Agreement with statement ‘I am not well informed about the BSP’, all provider groups

Base: All respondents who answered the survey question
Source: BSP Evaluation online baseline provider survey 2011, and online follow-up provider survey 2013
Note: GPs = general practitioners
4.4 Awareness of role in the Bowel Screening Pilot

**General practice staff**

GPs and practice nurses were asked about several BSP-related activities and the extent to which they agreed that these were the role of general practice in the BSP. The first set of activities related to patient participation and eligibility for the BSP (Figure 3 and Figure 4).

The large majority of GPs and practice nurses agreed that promoting participation in the BSP to eligible patients is the role of general practice (92% of GPs, and 95% of practice nurses).

Three-quarters of GPs and practice nurses agreed that encouraging eligible patients to remain within the public system for bowel screening is part of a general practice’s role in the BSP (74% of GPs, and 78% of practice nurses). This was a significant increase for GPs from 54% in the 2011 baseline provider survey.

Similarly, three-quarters of GPs and practice nurses agreed that identifying patients who are ineligible to participate in the BSP is the role of general practice (74% of GPs, and 75% of practice nurses). A quarter disagree, this is not surprising as this role is not being undertaken by general practice.

The large majority of GPs and practice nurses (84% of GPs, and 92% of practice nurses) agreed that referring patients with a family history of bowel cancer to the New Zealand Familial Gastrointestinal Cancer Registry is the role of general practice in the BSP.

![Figure 3: Perceived patient eligibility and participation activities for general practice role in the Bowel Screening Pilot, general practitioners](image)

Interpretation of these findings are challenging as the statement being assessed is unclear. It is not known whether this statement refers to colonoscopy, the BSP or other screening.

---

7 Interpretation of these findings are challenging as the statement being assessed is unclear. It is not known whether this statement refers to colonoscopy, the BSP or other screening.
Figure 4: Perceived patient eligibility and participation activities for general practice role in the Bowel Screening Pilot, practice nurses and/or other staff

<table>
<thead>
<tr>
<th>Activity</th>
<th>2011 (n=95)</th>
<th>2013 (n=94)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promoting participation in BSP to eligible patients</td>
<td>21%</td>
<td>29%</td>
</tr>
<tr>
<td>Encouraging eligible patients to remain within the public system for bowel screening</td>
<td>20%</td>
<td>34%</td>
</tr>
<tr>
<td>Identifying patients who are ineligible to participate in the BSP</td>
<td>16%</td>
<td>31%</td>
</tr>
<tr>
<td>Referring patients with significant family history of bowel cancer to the NZ Familial GI Cancer Registry</td>
<td>31%</td>
<td>35%</td>
</tr>
</tbody>
</table>

Base: All respondents who answered the survey question
Source: BSP Evaluation online baseline provider survey 2011, and online follow-up provider survey 2013
Note: BSP = Bowel Screening Pilot
The second set of activities that GPs and practice nurses were asked about related to result notification and referral of patients in the BSP (Figure 5 and Figure 6).

Most GPs and practice nurses agreed that notifying patients who receive a positive immunochemical faecal occult blood test (iFOBT) of their results is the role of general practice in the BSP (92% of GPs, and 97% of practice nurses). These were significant increases from 80% and 84% respectively in the 2011 baseline provider survey, particularly in the strongly agree ratings.

Similarly, discussing the implications of a positive iFOBT with patients before referring them to the WHEU was seen as the role of general practice by the large majority of GPs and practice nurses (92% of GPs, and 93% of practice nurses). This was a significant increase from 86% for practice nurses, while GPs showed a significant increase for strongly agree from 48% in the 2011 baseline provider survey to 65%.

The large majority of GPs and practice nurses also agreed that providing the WHEU with clinical information for pre-assessment of positive iFOBT patients was the role of general practice (95% of GPs, and 92% of practice nurses). Again, this represented a significant increase for GPs of strongly agree from 43% in the 2011 baseline provider survey to 58%.

Figure 5: Perceived notification and referral activities for general practice role in the Bowel Screening Pilot, general practitioners

<table>
<thead>
<tr>
<th>Activity</th>
<th>2011 (n=87)</th>
<th>2013 (n=78)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notifying patients who receive positive iFOBT of their result</td>
<td>3 14 24 68</td>
<td>3 14 24 68</td>
</tr>
<tr>
<td>Discussing implications of positive iFOBT with patients before referral</td>
<td>3 14 24 68</td>
<td>3 14 24 68</td>
</tr>
<tr>
<td>Providing WHEU with clinical information for pre-assessment of patients</td>
<td>3 14 24 68</td>
<td>3 14 24 68</td>
</tr>
</tbody>
</table>

Base: All respondents who answered the survey question  
Source: BSP Evaluation online baseline provider survey 2011, and online follow-up provider survey 2013  
Note: iFOBT = immunochemical faecal occult blood test; WHEU = Waitakere Hospital Endoscopy Unit
Figure 6: Perceived notification and referral activities for general practice role in the Bowel Screening Pilot, practice nurses and/or other staff

<table>
<thead>
<tr>
<th>Activity</th>
<th>2011 (n=94)</th>
<th>2013 (n=93)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notifying patients who receive positive iFOBT of their result</td>
<td>5 7</td>
<td>12</td>
</tr>
<tr>
<td>Discussing implications of positive iFOBT with patients before referral to WHEU</td>
<td>15 7</td>
<td>15 5</td>
</tr>
<tr>
<td>Providing WHEU with clinical information for pre-assessment of patients with positive iFOBT</td>
<td>16 43</td>
<td>16 53</td>
</tr>
</tbody>
</table>

Base: All respondents who answered the survey question
Source: BSP Evaluation online baseline provider survey 2011, and online follow-up provider survey 2013
Note: iFOBT = immunochemical faecal occult blood test; WHEU = Waitakere Hospital Endoscopy Unit
The third set of activities that GPs and practice nurses were asked about related to patient follow-up and liaison with the BSP Coordination Centre (Figure 7 and Figure 8).

Most GPs and practice nurses (85% and 91% respectively) reported that liaising with the BSP Coordination Centre about being unable to contact positive iFOBT patients was the role of general practice in the BSP. This was a significant increase from 72% for GPs.

Managing or recalling patients if they were found to be at increased risk of bowel cancer through the BSP was also seen as the role of general practice by 79% of GPs and 88% of practice nurses. GPs showed a significant increase for strongly agree from 29% in the 2011 baseline provider survey to 50%.

There was no significant change in the results for practice nurses from the 2011 baseline survey.

Figure 7: Perceived patient follow-up and liaison activities for general practice role in the Bowel Screening Pilot, general practitioners

<table>
<thead>
<tr>
<th>Activity</th>
<th>2011 (n=87)</th>
<th>2013 (n=78)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liaising with the BSP Coordination Centre about being unable to contact patients with a positive iFOBT</td>
<td>513 20 43 29</td>
<td>4 12 44 41</td>
</tr>
<tr>
<td>Managing or recalling patients if found to be at increased risk of bowel cancer through the BSP</td>
<td>32 16 44 29</td>
<td>3 8 10 29 50</td>
</tr>
</tbody>
</table>

Base: All respondents who answered the survey question
Source: BSP Evaluation online baseline provider survey 2011, and online follow-up provider survey 2013
Note: BSP = Bowel Screening Pilot; iFOBT = immunochemical faecal occult blood test
Figure 8: Perceived patient follow-up and liaison activities for general practice role in the Bowel Screening Pilot, practice nurses and/or other staff

- Liaising with the BSP Coordination Centre about being unable to contact patients with a positive iFOBT
  - 2011 (n=94): 21% strongly disagree, 39% disagree, 52% neither
  - 2013 (n=93): 8% strongly disagree, 39% disagree, 51% neither

- Managing or recalling patients if found to be at increased risk of bowel cancer through the BSP
  - 2011 (n=94): 5% strongly disagree, 39% disagree, 48% neither
  - 2013 (n=93): 6% strongly disagree, 37% disagree, 51% neither

Base: All respondents who answered the survey question
Source: BSP Evaluation online baseline provider survey 2011, and online follow-up provider survey 2013
Note: BSP = Bowel Screening Pilot; iFOBT = immunochemical faecal occult blood test
Endoscopy staff

Endoscopy staff were asked to indicate the extent to which they thought certain activities were the role of the WHEU in the BSP. The first set of activities related to results notification, pre-assessment and referral of patients in the BSP.

The majority of endoscopy staff agreed that notifying patients who receive a positive iFOBT (if they do not have a GP or have not been notified by general practice) is the role of the WHEU in the BSP (88%). This is a significant increase from 62% in the 2011 baseline provider survey (Figure 9).

An even larger proportion of endoscopy staff agreed that liaising with general practice about patients that the unit is unable to contact to notify about positive iFOBTs is the role of the WHEU in the BSP (94%). Again, this is a significant increase from 71% in the 2011 baseline provider survey.

Undertaking high-quality pre-assessments of BSP patients was also seen as the role of the WHEU by three-quarters of endoscopy staff surveyed (76%).

Most endoscopy staff also agreed that referring patients for CT colonography, if a colonoscopy is not suitable for them, is the role of their unit in the BSP (88%), a significant increase from 62% in the 2011 baseline provider survey.

Figure 9: Perceived results notification, pre-assessment and referral activities for Waitakere Hospital Endoscopy Unit role in the Bowel Screening Pilot, endoscopy staff

<table>
<thead>
<tr>
<th>Activity</th>
<th>2011 (n=21)</th>
<th>2013 (n=17)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notifying patients who receive positive iFOBT, if they do not have a GP or have not been notified by general practice</td>
<td>6 (29)</td>
<td>14 (59)</td>
</tr>
<tr>
<td>Liaising with general practice about patients the Endoscopy Unit are unable to contact to notify about their positive iFOBTs</td>
<td>10 (53)</td>
<td>41 (100)</td>
</tr>
<tr>
<td>Undertaking high-quality pre-assessments of BSP patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referring patients for a CT colonography if a colonoscopy is not suitable for them</td>
<td>14 (59)</td>
<td>55 (100)</td>
</tr>
</tbody>
</table>

Base: All respondents who answered the survey question
Source: BSP Evaluation online baseline provider survey 2011, and online follow-up provider survey 2013
Note: iFOBT = immunochemical faecal occult blood test; GP = general practitioner; BSP = Bowel Screening Pilot
The second set of activities endoscopy staff were asked about related to colonoscopy services, and providing results to the patient, their GP and the BSP Coordination Centre.

All endoscopy staff surveyed agreed that providing high-quality colonoscopy to BSP patients is the role of the WHEU in the BSP (Figure 10).

The large majority also agreed that providing results of colonoscopies to BSP patients is the role of the WHEU (95%), a significant increase from 81% in the 2011 baseline provider survey.

Similarly, most agreed (95%) that providing colonoscopy results to patients’ GPs is the role of the WHEU in the BSP.

However, there was a significant decrease in the proportion of endoscopy staff that agreed providing colonoscopy results to the BSP Coordination Centre is the role of the WHEU in the BSP (71%, compared with 91% in the 2011 baseline provider survey). This shift may reflect that this task is undertaken by the Clinical Nurse Specialist following review by WDHB BSP Clinical Director or WDHB BSP Lead Endoscopist, and therefore not known to all in WHEU.

Figure 10: Perceived service and result notification activities for Waitakere Hospital Endoscopy Unit role in the Bowel Screening Pilot, endoscopy staff

Base: All respondents who answered the survey question
Source: BSP Evaluation online baseline provider survey 2011, and online follow-up provider survey 2013
Note: BSP = Bowel Screening Pilot; GPs = general practitioners
4.5 Awareness of the role of the New Zealand Familial Gastrointestinal Cancer Registry

Providers were asked to indicate the extent to which they agreed that they were aware of the role of the New Zealand Familial Gastrointestinal Cancer Registry.

Seventy-one percent of GPs surveyed agreed that they were aware of the role of the New Zealand Familial Gastrointestinal Cancer Registry. This was a significant increase from 59% in the 2011 baseline provider survey (Figure 11). In comparison, just over one-half of practice nurses were aware of the role (56%).

Awareness amongst endoscopy staff significantly increased, with 77% aware of the role of the New Zealand Familial Gastrointestinal Cancer Registry, compared to 60% in the 2011 baseline provider survey.

Despite the increases seen for other providers, awareness amongst radiology staff remains low, with less than one-quarter aware of the role (23%).

![Figure 11: Awareness of the role of the New Zealand Familial Gastrointestinal Cancer Registry, all providers](chart)

Base: All respondents who answered the survey question
Source: BSP Evaluation online baseline provider survey 2011, and online follow-up provider survey 2013
Note: GPs = general practitioners
**Summary:** Awareness of the BSP is high across GPs, practice nurses, endoscopy and radiology staff. Since the 2011 baseline provider survey and the commencement of the BSP, there has been a significant increase in the extent providers are informed about the BSP, although it is worth noting that between 8% and 32% of each of these groups still agree that they are not well informed about it, with radiology staff reporting to be the least informed and GPs the most informed.

Overall, GPs and practice nurses are aware of the role of general practice in the BSP. Positively, there have been significant improvements in the awareness of each of the roles that were identified as less certain in the 2011 baseline provider survey. Of particular note is the strong agreement that it is the role of GPs to inform BSP participants of positive iFOBT results; although 7% continue to disagree this is their role.

Similarly, endoscopy staff are aware of their role in the BSP and have made significant increases in the key areas identified for enhanced understanding, namely, notifying patients who receive a positive iFOBT if they have not been notified by general practice, and referring patients for a CT colonography if a colonoscopy is not suitable for them. Of note however is a decrease in the role of providing colonoscopy results to the BSP Coordination Centre which may reflect this role is undertaken by the Clinical Nurse Specialist only.

GP and endoscopy staff awareness of the New Zealand Familial Gastrointestinal Cancer Registry has increased since 2011, although a quarter continue to have low awareness. Practice nurses and in particular radiology staff have the lowest awareness of the New Zealand Familial Gastrointestinal Cancer Registry.
5. Attitudes

All providers who completed the survey were asked a number of questions to gauge their attitudes and beliefs about bowel cancer, national screening and the BSP.

5.1 Concern about bowel cancer death rate

Across all provider groups surveyed, almost all respondents agreed that the bowel cancer death rate in New Zealand is a significant health concern (Figure 12):

- 100% of GPs agreed
- 97% of practice nurses agreed
- 100% of endoscopy staff agreed
- 95% of radiology staff agreed.

Figure 12: Bowel cancer death rate in New Zealand is a significant concern, all providers

<table>
<thead>
<tr>
<th></th>
<th>2013 (n=76)</th>
<th>2011 (n=82)</th>
<th>2013 (n=90)</th>
<th>2011 (n=91)</th>
<th>2013 (n=17)</th>
<th>2011 (n=20)</th>
<th>2013 (n=22)</th>
<th>2011 (n=30)</th>
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<tbody>
<tr>
<td>GPs</td>
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<tr>
<td>Practice nurse/other</td>
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<td>Radiology staff</td>
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</tbody>
</table>

Base: All respondents who answered the survey question
Source: BSP Evaluation online baseline provider survey 2011, and online follow-up provider survey 2013
Note: GPs = general practitioners
5.2 Perceived importance of role in the Bowel Screening Pilot

All providers were asked to indicate the extent to which they agreed they have an important role in the BSP (Figure 13):

- 82% of GPs agreed
- 63% of practice nurses agreed
- 71% of endoscopy staff agreed
- 50% of radiology staff agreed.

In addition, approximately one-in-five GPs, practice nurses and endoscopy staff neither agreed nor disagreed that they have an important role in the BSP (16%, 23% and 24% respectively), while this figure was higher for radiology staff (36%).

Although the overall level of agreement for each provider group does not significantly differ to the results from the 2011 baseline provider survey, it is noted that GPs showed a significant increase for strongly agree from 28% in the 2011 baseline provider survey to 41%, and endoscopy staff showed a significant increase for strongly agree from 25% to 53%.

Figure 13: Perceived importance of role in the Bowel Screening Pilot, all providers

Base: All respondents who answered the survey question
Source: BSP Evaluation online baseline provider survey 2011, and online follow-up provider survey 2013
Note: GPs = general practitioners
5.3 Support for immunochemical faecal occult blood test

Respondents were asked to indicate the extent to which they supported the use of the iFOBT as the screening test for the BSP (Figure 14).

Overall agreement amongst GPs and practice nurses significantly increased from that seen in the 2011 baseline provider survey:

- 93% of GPs agreed, compared to 71% in 2011
- 92% of practice nurses agreed, compared to 81% in 2011.

Although there was no significant change in the overall agreement for endoscopy and radiology staff, it is noted that there were significant increases in the reporting of strongly agree compared to the 2011 baseline provider survey:

- 82% of endoscopy staff agreed; 47% strongly agree compared to 5% in 2011
- 53% of radiology staff agreed; 23% strongly agree compared to 3% in 2011.

Despite the relatively low agreement amongst radiology staff, the remaining 50% neither agree nor disagree, or did not know the extent to which they supported the iFOBT as the screening test for the BSP.

Figure 14: Support for use of immunochemical faecal occult blood test as screening test for the Bowel Screening Pilot, all providers

Base: All respondents who answered the survey question
Source: BSP Evaluation online baseline provider survey 2011, and online follow-up provider survey 2013
Note: GPs = general practitioners
5.4 Support for the Bowel Screening Pilot

All providers were asked to indicate the extent to which they supported the BSP in WDHB. Support for the pilot was high among all providers surveyed, with the strength of support significantly increasing for all provider groups (Figure 15):

- 99% of GPs; 79% strongly support compared to 50% in 2011
- 98% of practice nurses; 89% strongly support compared to 71% in 2011
- 100% of endoscopy staff; 88% strongly support compared to 71% in 2011
- 96% of radiology staff; 79% strongly support compared to 63% in 2011.

**Figure 15: Support for the Bowel Screening Pilot in Waitematā District Health Board, all providers**

Those providers who did not support the BSP in WDHB were given the opportunity to explain the reasons for their answer. Of the three providers who did not support the BSP, only one GP chose to provide a reason:

_There could be many reasons why the person could have PR bleeding e.g. haemorrhoids. Many people with concerning symptoms wait unreasonable times for colonoscopies, yet I think people have unnecessary colonoscopies from this screening without a proper history or examination being done._
5.5 Support for a national bowel screening programme

At the end of the survey, all providers were asked about the extent to which they supported the introduction of a national bowel screening programme. The large majority of providers were supportive (Figure 16):

- 95% of GPs
- 100% of practice nurses
- 100% of endoscopy staff
- 100% of radiology staff.

For GPs and practice nurses, there was a significant increase for strongly support from 46% to 67% and 68% to 82% respectively, when compared to the 2011 baseline provider survey.

Figure 16: Support for introduction of a national bowel screening programme, all providers

<table>
<thead>
<tr>
<th></th>
<th>2011 (n=30)</th>
<th>2013 (n=22)</th>
<th>2011 (n=79)</th>
<th>2013 (n=75)</th>
</tr>
</thead>
<tbody>
<tr>
<td>GPs</td>
<td>46%</td>
<td>67%</td>
<td>41%</td>
<td>67%</td>
</tr>
<tr>
<td>Practice nurse/other</td>
<td>68%</td>
<td>82%</td>
<td>68%</td>
<td>82%</td>
</tr>
<tr>
<td>Endoscopy staff</td>
<td>70%</td>
<td>76%</td>
<td>31%</td>
<td>76%</td>
</tr>
<tr>
<td>Radiology staff</td>
<td>63%</td>
<td>73%</td>
<td>33%</td>
<td>73%</td>
</tr>
</tbody>
</table>

Base: All respondents who answered the survey question
Source: BSP Evaluation online baseline provider survey 2011, and online follow-up provider survey 2013
Note: GPs = general practitioners

Summary: New Zealand’s bowel cancer death rate is recognised by all provider groups as a significant health concern.

There is near universal support for the BSP in WDHB and for a national bowel screening programme. There is also strong support for use of the iFOBT amongst GPs, practice nurses and endoscopy staff. Radiology staff indicate less support for its use, which may reflect the lower extent to which they consider themselves to be informed about the BSP.

Most GPs, practice nurses and endoscopy staff believe that they have an important role in the BSP. In contrast, only half of radiology staff has this view.
6. Implementation

This section presents results relating to providers' confidence in explaining the BSP to patients, as well as their perceptions of how their practice or unit is performing with regard to BSP activities, how the BSP has impacted on their workload, capacity to service the BSP, and interfaces between different BSP providers.

6.1 Confidence in explaining the Bowel Screening Pilot to patients

When asked to indicate the extent to which they are confident in explaining the BSP to patients, the large majority of general practice and endoscopy staff agreed that they are confident doing so. All provider groups showed significant increases compared to the 2011 baseline provider survey (Figure 17):

- 96% of GPs, compared to 75% in 2011
- 80% of practice nurses, compared to 62% in 2011
- 89% of endoscopy staff, compared to 70% in 2011.

In contrast, just over one-half (59%) of radiology staff agreed that they are confident explaining the BSP to patients, and 23% disagreed. However, this still compares favourably to the 2011 result of 34% agreement.

Figure 17: Confidence in explaining the Bowel Screening Pilot to patients, all providers

<table>
<thead>
<tr>
<th></th>
<th>2011 (n=30)</th>
<th>2013 (n=22)</th>
<th>2011 (n=20)</th>
<th>2013 (n=17)</th>
<th>2011 (n=91)</th>
<th>2013 (n=90)</th>
</tr>
</thead>
<tbody>
<tr>
<td>GPs</td>
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<td></td>
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<tr>
<td>2011 (n=82)</td>
<td>4</td>
<td>11</td>
<td>10</td>
<td>46</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>2013 (n=76)</td>
<td>13</td>
<td>26</td>
<td>70</td>
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<tr>
<td>Practice nurse/other</td>
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<tr>
<td>2011 (n=91)</td>
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<td></td>
</tr>
<tr>
<td>2013 (n=90)</td>
<td>61</td>
<td>11</td>
<td>6</td>
<td>47</td>
<td>15</td>
<td></td>
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<tr>
<td>Endoscopy staff</td>
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<td></td>
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<td></td>
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<tr>
<td>2011 (n=20)</td>
<td>5</td>
<td>5</td>
<td>15</td>
<td>45</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>2013 (n=17)</td>
<td>6</td>
<td>6</td>
<td>24</td>
<td>65</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiology staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2011 (n=30)</td>
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<td>10</td>
<td>30</td>
<td>23</td>
<td>27</td>
<td>7</td>
</tr>
<tr>
<td>2013 (n=22)</td>
<td>5</td>
<td>18</td>
<td>18</td>
<td>50</td>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>

Base: All respondents who answered the survey question
Source: BSP Evaluation online baseline provider survey 2011, and online follow-up provider survey 2013
Note: GPs = general practitioners
6.2 Performance in the Bowel Screening Pilot

An important measure for this follow-up survey is how providers believe their practice or unit is performing in key BSP roles. In the 2011 baseline survey providers were asked how they expected to perform in these key BSP roles over the next 12 months.

General practice staff

General practice staff were asked to rate the performance of patient participation and eligibility activities for the BSP (Figure 18 and Figure 19).

The majority of GPs and practice nurses rated their practice as good or very good at promoting participation in the BSP to eligible patients (80% and 73%, respectively). This was a significant decrease for practice nurses from the expected performance rating of 90% reported in the 2011 baseline provider survey.

Less than three-quarters of GPs and practice nurses rated their practice as good or very good at encouraging eligible patients to remain within the public system for bowel screening (74% and 69%, respectively).

For identifying patients who are ineligible to participate in the BSP (due to, for example, a personal or family history of bowel cancer or polyps, or significant co-morbidities), just over half of GPs (51%) and practice nurses (58%) rated their practice’s performance as good or very good. This was a significant decrease for GPs and practice nurses from the expected performance rating reported in the 2011 baseline provider survey (75% and 81%, respectively).

Similarly, just over one-half of GPs and practice nurses rated their practice’s performance in referring patients with family history of bowel cancer to the New Zealand Familial Gastrointestinal Cancer Registry as good or very good (50% and 58%, respectively). Again, this was a significant decrease from the expected performance ratings reported in the 2011 baseline provider survey (74% for GPs and 86% for practice nurses).

Figure 18: Performance of participation and eligibility activities, compared with expected performance in 2011, general practitioners
Figure 19: Performance of participation and eligibility activities, compared with expected performance in 2011, practice nurses and/or other staff

<table>
<thead>
<tr>
<th>Promoting participation in BSP to eligible patients</th>
<th>2013 (n=93)</th>
<th>2011 (n=94)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encouraging eligible patients to remain within the public system for bowel screening</td>
<td>2013 (n=93)</td>
<td>2011 (n=94)</td>
</tr>
<tr>
<td>Identifying patients who are ineligible to participate in the BSP</td>
<td>2013 (n=93)</td>
<td>2011 (n=94)</td>
</tr>
<tr>
<td>Referring patients with significant family history of bowel cancer to the NZ Familial GI Cancer Registry</td>
<td>2013 (n=93)</td>
<td>2011 (n=94)</td>
</tr>
</tbody>
</table>

Base: All respondents who answered the survey question
Source: BSP Evaluation online baseline provider survey 2011, and online follow-up provider survey 2013
Note: BSP = Bowel Screening Pilot

The second set of activities that general practice staff were asked about related to performance in the areas of result notification and referral of patients (Figure 20 and Figure 21).

The large majority of GPs and practice nurses surveyed rated their practice’s performance in notifying patients with positive iFOBTs of their result as good or very good (98% and 91%, respectively). This was a significant increase from the expected performance rating of 90% for GPs, while for practice nurses there was a significant increase of very good from 59% in the 2011 baseline provider survey to 75%.

Similarly, most GPs (97%) rated their practice’s performance in discussing implications of a positive iFOBT with patients before referral to the WHEU as good or very good. Practice nurses gave a slightly lower rating of 83% good or very good.

Most GPs (85%) rated providing the WHEU with clinical information for pre-assessment of patients with a positive iFOBT as good or very good, which included a significant increase of very good of 35% expected in the 2011 baseline provider survey to 65%.

In contrast, less than three-quarters (73%) of practice nurses rated their practice’s performance in providing the WHEU with clinical information for pre-assessment of patients with a positive iFOBT as good or very good, which was a significant decrease from the expected performance rating of 90% in the 2011 baseline provider survey.
**Figure 20: Performance of notification and referral activities, compared with expected performance in 2011, general practitioners**

<table>
<thead>
<tr>
<th>Activity</th>
<th>2011 (n=82)</th>
<th>2013 (n=77)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notifying patients who receive positive iFOBT of their result</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don't know</td>
<td>6</td>
<td>21</td>
</tr>
<tr>
<td>Very poor</td>
<td>34</td>
<td>77</td>
</tr>
<tr>
<td>Poor</td>
<td>35</td>
<td>56</td>
</tr>
<tr>
<td>Neither</td>
<td>42</td>
<td>51</td>
</tr>
<tr>
<td>Good</td>
<td>46</td>
<td>35</td>
</tr>
</tbody>
</table>

Base: All respondents who answered the survey question
Source: BSP Evaluation online baseline provider survey 2011, and online follow-up provider survey 2013
Note: iFOBT = immunochemical faecal occult blood test; WHEU = Waitakere Hospital Endoscopy Unit

**Figure 21: Performance of notification and referral activities, compared with expected performance in 2011, practice nurses and/or other staff**

<table>
<thead>
<tr>
<th>Activity</th>
<th>2011 (n=93)</th>
<th>2013 (n=91)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notifying patients who receive positive iFOBT of their result</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don't know</td>
<td>3</td>
<td>16</td>
</tr>
<tr>
<td>Very poor</td>
<td>32</td>
<td>75</td>
</tr>
<tr>
<td>Poor</td>
<td>32</td>
<td>59</td>
</tr>
<tr>
<td>Neither</td>
<td>39</td>
<td>51</td>
</tr>
<tr>
<td>Good</td>
<td>43</td>
<td>47</td>
</tr>
</tbody>
</table>

Base: All respondents who answered the survey question
Source: BSP Evaluation online baseline provider survey 2011, and online follow-up provider survey 2013
Note: iFOBT = immunochemical faecal occult blood test; WHEU = Waitakere Hospital Endoscopy Unit
The third set of activities that GPs and practice nurse staff were asked about related to patient follow-up and liaison with the BSP Coordination Centre (Figure 22 and Figure 23).

Less than half of GPs (48%) and less than two-thirds of practice nurses (64%) rated their practice as good or very good at liaising with the BSP Coordination Centre when unable to contact patients with positive iFOBT results. These results are significantly lower than the ratings of expected performance in the 2011 baseline survey (73% and 90% respectively).

When asked about managing or recalling patients who are found to be at increased risk of bowel cancer through the BSP, just less than three-quarters of GPs (72%) and practice nurses (72%) felt their practice’s performance was good or very good. For practice nurses, this was a significant decrease from the expected performance of 84% good or very good in the 2011 baseline provider survey.

Figure 22: Performance of patient follow-up and liaison activities, compared with expected performance in 2011, general practitioners

<table>
<thead>
<tr>
<th>Activity</th>
<th>2011 (n=82)</th>
<th>2013 (n=77)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liaising with the BSP Coordination Centre about being unable to contact patients with a positive iFOBT</td>
<td>22%</td>
<td>23%</td>
</tr>
<tr>
<td>Managing or recalling patients if found to be at increased risk of bowel cancer through the BSP</td>
<td>21%</td>
<td>17%</td>
</tr>
</tbody>
</table>
Figure 23: Performance of patient follow-up and liaison activities, compared with expected performance in 2011, practice nurses and/or other staff

<table>
<thead>
<tr>
<th>Activity</th>
<th>2011 (n=93)</th>
<th>2013 (n=91)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liaising with the BSP Coordination Centre about being unable to contact patients with a positive iFOBT</td>
<td>2 7 44 46</td>
<td>20 15 31 33</td>
</tr>
<tr>
<td>Managing or recalling patients if found to be at increased risk of bowel cancer through the BSP</td>
<td>2 13 36 48</td>
<td>14 12 34 38</td>
</tr>
</tbody>
</table>

Base: All respondents who answered the survey question
Source: BSP Evaluation online baseline provider survey 2011, and online follow-up provider survey 2013
Note: BSP = Bowel Screening Pilot; iFOBT = immunochemical faecal occult blood test
Endoscopy staff

Endoscopy staff were asked to rate how the WHEU is performing in relation to results notification, pre-assessment and referral of patients in the BSP. Approximately three-quarters of endoscopy staff rated the WHEU was good or very good at the following BSP activities. For each activity this represented a significant decrease from the expected performance rating given in the 2011 baseline provider survey (Figure 24):

- notifying patients who receive positive iFOBT (if they do not have a GP or have not been notified by general practice) (77%, compared with 90% expected in 2011)
- proactively liaising with general practice about patients who the WHEU is unable to contact to notify about positive iFOBTs (71%, compared with 90% expected in 2011)
- undertaking high-quality pre-assessments of BSP patients (77%, compared with 90% expected in 2011)
- referring patients for CT colonography if a colonoscopy is not suitable for them (71%, compared with 90% expected in 2011).

Figure 24: Performance of results notification, pre-assessment and referral activities, compared with expected performance in 2011, endoscopy staff

Base: All respondents who answered the survey question
Source: BSP Evaluation online baseline provider survey 2011, and online follow-up provider survey 2013
Note: iFOBT = immunochemical faecal occult blood test; GPs = general practitioners; BSP = Bowel Screening Pilot
The second set of activities related to WHEU performance of colonoscopy services, and providing results to the patient, their GP and the BSP Coordination Centre (Figure 25).

Most endoscopy staff felt that the WHEU’s performance in providing high-quality colonoscopy services and results of colonoscopies to BSP patients was *good or very good* (94% and 83% respectively).

The WHEU’s performance in providing the results of colonoscopies to GPs and the BSP Coordination Centre (77% and 59% respectively) were each rated significantly lower than the expected performance ratings of 95% and 95% respectively, reported in the 2011 baseline provider survey. This is largely due to significant increases in the number of endoscopy staff reporting that they *don’t know* how the WHEU is performing.

**Figure 25: Performance of service and result notification activities, compared with expected performance in 2011, endoscopy staff**

<table>
<thead>
<tr>
<th>Service Provided</th>
<th>2013 (n=17)</th>
<th>2011 (n=20)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing high quality colonoscopy to BSP patients</td>
<td>6 (35%)</td>
<td>5 (25%)</td>
</tr>
<tr>
<td>Providing results of colonoscopy to BSP patients</td>
<td>5 (20%)</td>
<td>15 (70%)</td>
</tr>
<tr>
<td>Providing results of colonoscopy to GPs of BSP patients</td>
<td>5 (20%)</td>
<td>15 (70%)</td>
</tr>
<tr>
<td>Providing results of colonoscopy to the BSP Coordination Centre</td>
<td>6 (35%)</td>
<td>5 (25%)</td>
</tr>
</tbody>
</table>

Base: All respondents who answered the survey question
Source: BSP Evaluation online baseline provider survey 2011, and online follow-up provider survey 2013
Note: BSP = Bowel Screening Pilot; GPs = general practitioners
6.3 Impact of the Bowel Screening Pilot on workload

All providers were asked how the BSP impacted on their practice or unit’s workload. Radiology staff were asked about the impact on the radiology workload at both North Shore Hospital and Waitakere Hospital radiology units. In the 2011 baseline provider survey, providers were asked what impact they expected on workloads.

Six-in-ten GPs and practice nurses felt that the BSP increased or significantly increased the workload in their general practice (60% and 56% respectively), with the large majority of the remainder indicating that there had been no change in the workload (40% and 36% respectively). This was significantly different to the expected impacts reported in the 2011 baseline provider survey (100% increase or significantly increase for GPs, and 93% increase or significantly increase for practice nurses) (Figure 26).

All endoscopy staff (100%) reported that the BSP had increased the workload at their units, with 65% stating that the workload had significantly increased (Figure 27).

Three-quarters of radiology staff (74%) reported that the BSP had increased the workload at the North Shore Hospital radiology unit (70% increased), whereas less than half (48%) reported that the BSP had increased the workload at the Waitakere Hospital radiology unit. This was significantly different to the expected impacts reported in the 2011 baseline provider survey of 96% increase or significantly increase at the North Shore Hospital radiology unit, and 90% increase or significantly increase at the Waitakere Hospital radiology unit. It is noted, however, that the difference is largely accounted for in the increase in radiology staff particularly at Waitakere Hospital reporting that they don’t know what impact there has been on the workload (Figure 28).

Figure 26: Impact of the Bowel Screening Pilot on workload, general practitioners, practice nurses and/or other staff

Base: All respondents who answered the survey question
Source: BSP Evaluation online baseline provider survey 2011, and online follow-up provider survey 2013
Note: GPs = general practitioners
Figure 27: Impact of the Bowel Screening Pilot on workload, endoscopy staff

Base: All respondents who answered the survey question
Source: BSP Evaluation online baseline provider survey 2011, and online follow-up provider survey 2013

Figure 28: Impact of the Bowel Screening Pilot on workload, radiology staff

Base: All respondents who answered the survey question
Source: BSP Evaluation online baseline provider survey 2011, and online follow-up provider survey 2013
Note: BSP = Bowel Screening Pilot
6.4 Perceived capacity of services as part of the Bowel Screening Pilot

All providers were asked about the level of current capacity across a range of services for the BSP. Services included laboratory, colonoscopy, secondary cancer care and patient management.

**Laboratory services**

Providers had mixed opinions on current capacity to provide laboratory services to the BSP. Respondents frequently reported that they *don’t know* about the current capacity of laboratory services for the BSP (27% of GPs, 46% of practice nurses, 59% of endoscopy staff and 86% of radiology staff). Two-thirds of GPs (68%, significantly higher than 54% in the 2011 baseline survey) and one-half of practice nurses (51%) indicated that current capacity of laboratory services was *about right or more than enough*. This figure was slightly lower for endoscopy staff (41%).

**Figure 29: Perceived capacity of laboratory services for Bowel Screening Pilot, all providers**

<table>
<thead>
<tr>
<th>Service</th>
<th>2013 (n=76)</th>
<th>2011 (n=82)</th>
<th>2013 (n=90)</th>
<th>2011 (n=91)</th>
<th>2013 (n=17)</th>
<th>2011 (n=20)</th>
<th>2013 (n=22)</th>
<th>2011 (n=30)</th>
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<td><strong>GPs</strong></td>
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<td></td>
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<tr>
<td></td>
<td>27%</td>
<td>5%</td>
<td>45%</td>
<td>23%</td>
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<td></td>
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<tr>
<td></td>
<td>32%</td>
<td>15%</td>
<td>34%</td>
<td>20%</td>
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<tr>
<td><strong>Practice nurse/other</strong></td>
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<tr>
<td></td>
<td>46%</td>
<td>3%</td>
<td>42%</td>
<td>9%</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>48%</td>
<td>13%</td>
<td>29%</td>
<td>10%</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Endoscopy staff</strong></td>
<td></td>
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<td></td>
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<td></td>
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<tr>
<td></td>
<td>59%</td>
<td>35%</td>
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Base: All respondents who answered the survey question
Source: BSP Evaluation online baseline provider survey 2011, and online follow-up provider survey 2013
Note: GPs = general practitioners
Colonoscopy services

Provider perceptions of the current capacity of WHEU colonoscopy services were also mixed (Figure 30).

- Just over half of GPs (52%) indicated that capacity is *about right or more than enough* for colonoscopy services, via the WHEU, for the BSP. This was a significant increase from 8% reported in the 2011 baseline provider survey.
- One-third of practice nurses (34%) indicated that capacity is *about right or more than enough*, whereas 27% (significantly lower than 43% in the 2011 baseline provider survey) felt that there is *not enough* capacity and 40% reported they *don’t know*.
- Seventy-one percent of endoscopy staff thought that capacity for colonoscopy services for the BSP was *about right or more than enough*.
- Most radiology staff (59%) reported they *don’t know* what the current capacity is for colonoscopy services. Only 9% indicated that capacity is *about right*, significantly lower than 27% in the 2011 baseline provider survey.

Figure 30: Perceived capacity of colonoscopy services at Waitakere Hospital Endoscopy Unit for Bowel Screening Pilot, all providers

<table>
<thead>
<tr>
<th></th>
<th>2011 (n=82)</th>
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<tbody>
<tr>
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<td>Radiology staff</td>
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<td>27</td>
<td>9</td>
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</tbody>
</table>

Base: All respondents who answered the survey question
Source: BSP Evaluation online baseline provider survey 2011, and online follow-up provider survey 2013
Note: GPs = general practitioners
**CT colonography services**

Provider perceptions regarding the current capacity of CT colonography services for the BSP tended to vary by type of provider. GPs, practice nurses and endoscopy staff each had large proportions of providers that reported they don’t know the capacity (Figure 31).

- One-third of GPs (35%) indicated that there is currently *not enough* CT colonography capacity for the BSP, although this was a significant reduction from 67% in the 2011 baseline provider survey. In addition, 44% did not know.
- Twenty-eight percent of practice nurses indicated that there is *not enough* CT colonography capacity, while 57% did not know.
- All endoscopy staff either thought capacity was *about right* (47%), or felt they did not know about capacity of CT colonography services (53%).
- Radiology staff were divided in their opinions, in that 50% reported the capacity was *about right*, and 50% reported that there was currently *not enough* capacity of CT colonography services.

Figure 31: Perceived capacity of CT colonography services for Bowel Screening Pilot, all providers

<table>
<thead>
<tr>
<th>Service</th>
<th>2013 (n=75)</th>
<th>2011 (n=82)</th>
<th>2013 (n=90)</th>
<th>2011 (n=91)</th>
<th>2013 (n=17)</th>
<th>2011 (n=20)</th>
<th>2013 (n=22)</th>
<th>2011 (n=30)</th>
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<td>33%</td>
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<tr>
<td>Practice nurse/other</td>
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<td>Radiology staff</td>
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Base: All respondents who answered the survey question
Source: BSP Evaluation online baseline provider survey 2011, and online follow-up provider survey 2013
Note: GPs = general practitioners
**Secondary care services for bowel cancer**

Perceptions again varied by provider group when asked about the capacity for secondary care services (Figure 32). Again, high proportions of respondents also said they did not know about current capacity of secondary care services for bowel cancer.

- Forty-two percent of GPs indicated that capacity is *about right or more than enough* for secondary care services, a significant increase from 17% reported in the 2011 baseline provider survey.

In contrast, the other provider groups had larger proportions of providers that reported there is *not enough* current capacity:

- Twenty-nine percent of practice nurses indicated that there is *not enough* current capacity, while 49% did not know.
- Forty-seven percent of endoscopy staff said that there is *not enough* current capacity (significantly higher than 25% in the 2011 baseline provider survey), while 35% did not know.
- Twenty-seven percent of radiology staff indicated that the capacity of secondary care services is *not enough*, 50% did not know.

**Figure 32: Perceived capacity of secondary care services for bowel cancer, all providers**

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<tr>
<th></th>
<th>2013 (n=75)</th>
<th>2011 (n=82)</th>
<th>2013 (n=90)</th>
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<th>2013 (n=17)</th>
<th>2011 (n=20)</th>
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Base: All respondents who answered the survey question  
Source: BSP Evaluation online baseline provider survey 2011, and online follow-up provider survey 2013  
Note: GPs = general practitioners
General practice notification and referral services

When providers were asked about the current capacity of general practice to provide notification of positive iFOBTs and referral to WHEU services, most general practice respondents thought capacity was about right or more than enough (Figure 33). More than half of endoscopy and radiology staff did not know.

- Ninety-one percent of GPs indicated that current capacity is about right or more than enough, which was a significant increase from 64% reported in the 2011 baseline provider survey.
- Seventy-two percent of practice nurses said capacity is about right or more than enough, which was also a significant increase from 59% reported in the 2011 baseline provider survey.
- Forty-one percent of endoscopy staff said that capacity is about right or more than enough, but 53% reported they don’t know.
- Seventy-seven percent of radiology staff reported they don’t know about the current level of capacity to provide general practice notification and referral services for the BSP.

Figure 33: Perceived capacity of general practice notification of immunochemical faecal occult blood test results and referral to Waitakere Hospital Endoscopy Unit, all providers

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<thead>
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<th></th>
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<td>Radiology staff</td>
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<td>5</td>
<td>18</td>
<td>77</td>
<td>7</td>
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</table>

Base: All respondents who answered the survey question
Source: BSP Evaluation online baseline provider survey 2011, and online follow-up provider survey 2013
Note: GPs = general practitioners
**Patient management and recall services**

When asked about capacity for managing and recalling patients found to be at increased risk of bowel cancer, general practice staff tended to think capacity is *about right or more than enough*, endoscopy staff were more divided, and radiology staff did not know (Figure 34).

- Sixty-nine percent of GPs think capacity is *about right or more than enough*. In contrast, 11% think there is *not enough* capacity, which is a significant decrease from 28% reported in the 2011 baseline provider survey.
- Similarly, 69% of practice nurses think capacity is *about right or more than enough*. Only 4% think there is *not enough* capacity, which is a significant decrease from 18% reported in the 2011 baseline provider survey.
- Forty-one percent of endoscopy staff think capacity is *about right or more than enough*, 29% think there is *not enough* and 29% *don’t know*.
- Sixty-eight percent of radiology staff *don’t know* about capacity for managing and recalling patients found to be at increased risk of bowel cancer.

**Figure 34: Perceived capacity of management and recall for patients with increased risk of bowel cancer, all providers**

Base: All respondents who answered the survey question  
Source: BSP Evaluation online baseline provider survey 2011, and online follow-up provider survey 2013  
Note: GPs = general practitioners
Bowel Screening Pilot Coordination Centre services

High proportions of providers surveyed remain uncertain about the current capacity of the BSP Coordination Centre to coordinate the BSP (Figure 35).

- Sixty-four percent of GPs think capacity is *about right or more than enough*, which is a significant increase from 38% reported in the 2011 baseline provider survey.
- Fifty-one percent of practice nurses think capacity is *about right or more than enough*, while 42% *don’t know*.
- Forty-seven percent of endoscopy staff think capacity is *about right or more than enough*, while 47% *don’t know*.
- Sixty-four percent of radiology staff say they *don’t know* about the current level of capacity of the BSP Coordination Centre.

Figure 35: Perceived capacity of Bowel Screening Pilot Coordination Centre, all providers

Base: All respondents who answered the survey question
Source: BSP Evaluation online baseline provider survey 2011, and online follow-up provider survey 2013
Note: GPs = general practitioners
6.5 Perceived effectiveness of service interface

Providers were asked about the interface between their practice or unit and other services, and the extent to which they agreed that roles and responsibilities, communication processes and working relationships were clear and effective for BSP delivery.

Overall the results were significantly higher than in the 2011 baseline provider survey reflecting the BSP was fully implemented at the time of this follow-up survey and positively the interfaces were well established.

General practice–Waitakere Hospital Endoscopy Unit interface

GPs, practice nurses and endoscopy staff were asked about aspects of the interface between general practice and the WHEU (Figures 36, 37 and 38).

When asked about the extent to which they agreed that there are clear roles and responsibilities between general practice and the WHEU for delivering the BSP:

- Three-quarters of GPs (76%) agreed that there are, significantly higher than 26% reported in the 2011 baseline provider survey
- Two-thirds of practice nurses (67%) agreed that there are, significantly higher than 52% in the 2011 baseline provider survey
- Just less than one-half of endoscopy staff (47%) agreed. This included a significant increase for strongly agree from 10% in the 2011 baseline provider survey to 29%.

When asked about the extent to which they agreed that there are adequate communication processes between general practice and the WHEU for delivering the BSP:

- Seventy-eight percent of GPs agreed that there are, significantly higher than 23% reported in the 2011 baseline provider survey
- Two-thirds of practice nurses (66%) agreed that there are, significantly higher than 45% in the 2011 baseline provider survey
- Just less than one-half of endoscopy staff (47%) agreed. This included a significant increase for strongly agree from 10% in the 2011 baseline provider survey to 29%.

When asked about the extent to which they agreed that working relationships between general practice and the WHEU are effective in achieving a seamless process for patients along BSP pathways:

- Seventy-six percent of GPs agreed that there are, significantly higher than 25% reported in the 2011 baseline provider survey
- Sixty percent of practice nurses agreed that there are, significantly higher than 45% in the 2011 baseline provider survey
- Just less than one-half of endoscopy staff (48%) agreed. This included a significant increase for strongly agree from 10% in the 2011 baseline provider survey to 24%.
Figure 36: Perception of service interface between general practice and Waitakere Hospital Endoscopy Unit, general practitioners

<table>
<thead>
<tr>
<th>Area of Concern</th>
<th>2011 (n=82)</th>
<th>2013 (n=75)</th>
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<tbody>
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<td>14 16 52 24</td>
</tr>
<tr>
<td>Adequate communication processes for delivering BSP</td>
<td>24 31 13 18 5</td>
<td>11 18 55 23</td>
</tr>
<tr>
<td>Effective working relationships to achieve seamless process for patients along BSP pathway</td>
<td>23 26 21 20 5</td>
<td>3 7 11 56 20</td>
</tr>
</tbody>
</table>

Base: All respondents who answered the survey question
Source: BSP Evaluation online baseline provider survey 2011, and online follow-up provider survey 2013
Note: BSP = Bowel Screening Pilot

Figure 37: Perception of service interface between general practice and Waitakere Hospital Endoscopy Unit, practice nurses and/or other staff

<table>
<thead>
<tr>
<th>Area of Concern</th>
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</tr>
</thead>
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<tr>
<td>Adequate communication processes for delivering BSP</td>
<td>29 8 14 35 10</td>
<td>8 10 16 50 16</td>
</tr>
<tr>
<td>Effective working relationships to achieve seamless process for patients along BSP pathway</td>
<td>30 4 19 34 11</td>
<td>11 9 20 46 14</td>
</tr>
</tbody>
</table>

Base: All respondents who answered the survey question
Source: BSP Evaluation online baseline provider survey 2011, and online follow-up provider survey 2013
Note: BSP = Bowel Screening Pilot
Figure 38: Perception of service interface between general practice and Waitakere Hospital Endoscopy Unit, endoscopy staff

<table>
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<th>Clear roles and responsibilities for delivering BSP</th>
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<th>2011 (n=20)</th>
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<td>30 15 45 10</td>
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</table>

<table>
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<tr>
<th>Adequate communication processes for delivering BSP</th>
<th>2013 (n=17)</th>
<th>2011 (n=20)</th>
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<tbody>
<tr>
<td></td>
<td>35 18 18 29</td>
<td>45 15 25 10</td>
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</table>

<table>
<thead>
<tr>
<th>Effective working relationships to achieve seamless process for patients along BSP pathway</th>
<th>2013 (n=17)</th>
<th>2011 (n=20)</th>
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<tbody>
<tr>
<td></td>
<td>29 18 24 24</td>
<td>40 20 30 10</td>
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</tbody>
</table>

Base: All respondents who answered the survey question
Source: BSP Evaluation online baseline provider survey 2011, and online follow-up provider survey 2013
Note: BSP = Bowel Screening Pilot

Respondents who did not agree that there are effective working relationships between general practice and the WHEU to achieve a seamless process for patients along the BSP pathway were given the opportunity to provide reasons for their answer. Of the 17 people who responded in this way, eight were GPs and eight were practice nurses or other general practice staff, and one was an endoscopy staff member. The main reasons for disagreeing with the above statement were:

- lack of information and/or communication about the BSP, including uncertainty about the process
  
  *I haven't heard any information at all about the Pilot in my three months at my current workplace.*

  *Confusion between who notifies the patient of the positive FOBT result and clear instructions regarding whether patient should be seen by GP and referred prior to receiving appointment for colonoscopy. What safety net processes are in place? An update would be good, maybe a meeting through the PHOs or similar.*

  *I have understood that the screening programme informs patients about positive results and gives information to patients and ensures referral done. I may be wrong?*

- poor service integration (non-existent or bad working relationship)

  *While the bowel screening pilot has been well explained and GPs brought on board 'effective working relationships' with some of the WDHB departments are not a reality for GPs due to a pervasive hospital attitude to GPs in general, most of the Gastros are great but some of the communication over the years has left veteran GPs wary.*

  *There has never been an interface between the practice and Waitakere Hospital Endoscopy Unit.*
- unfairness of preferential treatment for BSP patients
  
  *Some of my patients are getting follow-up without me being informed. I have found that my referrals of patients with SYMPTOMS are not getting follow-up, whereas the bowel pilot patients are getting preferential treatment.*

  *I don’t agree that a positive FOBT is enough to get someone a colonoscopy in front of a lot of the other people we refer. It seems unfair.*

Whereas the endoscopy staff member mentioned:

*Often inadequate referrals from the GPs. Sometimes no referrals at all, others may just say requires a colonoscopy with no mention of crucial medications, diabetes or other co-morbidities.*

In addition, some respondents suggested improvements, such as:

- *…I am not getting some patients’ results, be they positive or negative, when the patient misunderstands the form and ticks the wrong box. It should be very unusual for a patient to choose to leave us out of the loop and perhaps you should verbally confirm this with them especially when there is a positive result…*

- *…would be good to have some more structured training and guidance in the whole process.*

- **There needs to be more accountability from PHOs to nominate a clinical person to move information to General Practice. It is up to the steering group/clinical governance group to scrutinise membership from NGOs and PHOs who are dispersing info to Primary care...**
**General practice–Bowel Screening Pilot Coordination Centre interface**

GPs and practice nurses were asked about aspects of the interface between general practice and the BSP Coordination Centre. Again, agreement was significantly higher than in the 2011 baseline provider survey (Figure 39 and Figure 40).

When asked about the extent to which they agreed that there are clear roles and responsibilities between general practice and the Coordination Centre for delivering the BSP:

- Seventy-nine percent of GPs agreed that there are, significantly higher than 36% reported in the 2011 baseline provider survey
- Two-thirds of practice nurses (68%) agreed that there are, significantly higher than 54% in the 2011 baseline provider survey.

When asked about the extent to which they agreed that there are adequate communication processes between general practice and the Coordination Centre for delivering the BSP:

- Three-quarters of GPs (75%) agreed that there are, significantly higher than 33% reported in the 2011 baseline provider survey
- Two-thirds of practice nurses (66%) agreed that there are, significantly higher than 45% in the 2011 baseline provider survey.

When asked about the extent to which they agreed that working relationships between general practice and the Coordination Centre are effective in achieving a seamless process for patients along BSP pathways:

- Sixty-nine percent of GPs agreed that there are, significantly higher than 29% reported in the 2011 baseline provider survey
- Sixty-three percent of practice nurses agreed that there are, significantly higher than 43% in the 2011 baseline provider survey.
Figure 39: Perception of service interface between general practice and Bowel Screening Pilot Coordination Centre, general practitioners

Base: All respondents who answered the survey question
Source: BSP Evaluation online baseline provider survey 2011, and online follow-up provider survey 2013
Note: BSP = Bowel Screening Pilot

Figure 40: Perception of service interface between general practice and Bowel Screening Pilot Coordination Centre, practice nurses and/or other staff

Base: All respondents who answered the survey question
Source: BSP Evaluation online baseline provider survey 2011, and online follow-up provider survey 2013
Note: BSP = Bowel Screening Pilot
Those providers who did not agree that there are effective working relationships between general practice and the BSP Coordination Centre to achieve a seamless process for patients along the BSP pathway were invited to provide reasons for their response. Five GPs and five practice nurses were in this category, with the main reasons being:

- lack of information and/or communication, including uncertainty about the process

  We get the patient result, but we have no idea why they have been chosen, or any other information. We are expected to refer them de novo. It is insulting.

  We are all doing our best, and hope it works well. I don’t think it is seamless yet for patients.
Waitakere Hospital Endoscopy Unit–Bowel Screening Pilot Coordination Centre interface

Endoscopy staff were asked about aspects of the interface between the WHEU and the BSP Coordination Centre (Figure 41).

Two-thirds of endoscopy staff indicated that there are clear roles and responsibilities between WHEU and the Coordination Centre for BSP delivery (65% agreed), whereas 29% reported they don’t know.

Just less than half of endoscopy staff indicated that there are adequate communication processes between WHEU and the Coordination Centre for delivering the BSP (48% agreed), whereas 29% reported they don’t know.

Similarly, 47% of endoscopy staff agreed that there are effective working relationships between WHEU and the Coordination Centre to achieve a seamless process for patients along BSP pathways, whereas 29% reported they don’t know.

Figure 41: Perception of service interface between Waitakere Hospital Endoscopy Unit and Bowel Screening Pilot Coordination Centre, endoscopy staff

<table>
<thead>
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<th>Clear roles and responsibilities for delivering BSP</th>
<th>2013 (n=17)</th>
<th>2011 (n=20)</th>
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<tr>
<th>Adequate communication processes for delivering BSP</th>
<th>2013 (n=17)</th>
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<table>
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<tr>
<th>Effective working relationships to achieve seamless process for patients along BSP pathway</th>
<th>2013 (n=17)</th>
<th>2011 (n=20)</th>
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<td></td>
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<td>5</td>
</tr>
<tr>
<td></td>
<td>18</td>
<td>40</td>
</tr>
</tbody>
</table>

Base: All respondents who answered the survey question
Source: BSP Evaluation online baseline provider survey 2011, and online follow-up provider survey 2013
Note: BSP = Bowel Screening Pilot
Waitakere Hospital Endoscopy Unit–radiology unit interface

Endoscopy and radiology staff were asked about aspects of the interface between the WHEU and North Shore Hospital and Waitakere Hospital radiology services (Figure 42 and Figure 43).

When asked about the extent to which they agreed that there are clear roles and responsibilities between the WHEU and radiology services for delivering the BSP:

- 53% of endoscopy staff agreed, including a significant increase for strongly agree from 10% in the 2011 baseline provider survey to 35%, while 41% did not know
- 59% of radiology staff agreed, significantly more than 30% in the 2011 baseline provider survey.

When asked about the extent to which they agreed that there are adequate communication processes between the WHEU and radiology services for delivering the BSP:

- 42% of endoscopy staff agreed, including a significant increase for strongly agree from 10% in the 2011 baseline provider survey to 24%, while 41% did not know
- 45% of radiology staff agreed, significantly more than 23% in the 2011 baseline provider survey.

When asked about the extent to which they agreed that working relationships between the WHEU and North Shore Hospital and Waitakere Hospital radiology services are effective in achieving a seamless process for patients along BSP pathways:

- 53% of endoscopy staff agreed, including a significant increase for strongly agree from 10% in the 2011 baseline provider survey to 29%, while 35% did not know
- 55% of radiology staff agreed, significantly more than 33% in the 2011 baseline provider survey.
Figure 42: Perception of service interface between Waitakere Hospital Endoscopy Unit and North Shore Hospital–Waitakere Hospital radiology services, endoscopy staff

Base: All respondents who answered the survey question  
Source: BSP Evaluation online baseline provider survey 2011, and online follow-up provider survey 2013 
Note: BSP = Bowel Screening Pilot

Figure 43: Perception of service interface between Waitakere Hospital Endoscopy Unit and North Shore Hospital–Waitakere Hospital radiology services, radiology staff

Base: All respondents who answered the survey question  
Source: BSP Evaluation online baseline provider survey 2011, and online follow-up provider survey 2013 
Note: BSP = Bowel Screening Pilot
6.6 Other qualitative feedback on the Bowel Screening Pilot

At the end of the survey, respondents were given the opportunity to give any other feedback they may have about the BSP in WDHB. Feedback was given by 118 respondents, including 48 GPs, 49 practice nurses, nine endoscopy and 12 radiology staff.

Around two-thirds of the additional comments were positive, and one-third were mixed or expressed concerns about aspects of the BSP. Many gave comments of general support for the BSP particularly the identification of people with asymptomatic colon cancer, positive feedback from participants and the Pilot being well organised and structured.

Generally our patients returned a negative result from the screening with a minor number being positive. (Sorry can't give you the exact number). However two patients were found to have early cancer on colonoscopy, both were asymptomatic at the time of their screening. These cases by themselves prove the worth of the programme.

From my experience in Radiology I have come across several patients (more than five) this year to date who have been diagnosed with bowel cancer wholly because of bowel screening. In all cases, they were symptom free and unsuspecting of any problems. If not for the Pilot, these patients would in all likelihood presented much later in the disease process with a very different prognosis.

It is well organised and well structured. The team members across the board are passionate about it which is reflected in its success to date. Surveys from participants have been glowing.

Been very impressed with the Pilot and what it has achieved, patients all comment very favourably on the process and have 'bought into' the scheme.

Outstanding service, excellent and timely follow-up. Life-saving likely for four of my patients.

The following areas of concern or improvement were identified.

Adverse impact of BSP on symptomatic services.

Feedback particularly from general practice noted concern that the BSP is impacting on symptomatic services. Concerns noted that patients with bowel cancer symptoms had much longer wait times to get a colonoscopy than BSP participants. As a result, respondents perceive that the BSP may be taking resources away from symptomatic services. A few also raised this concern for access to CT colonography. One respondent noted that they have encouraged patients with symptoms to take part in the BSP to be seen quickly.

There is adequate endoscopy service for the Pilot programme but the endoscopy service for non-Pilot patients remains woeful, as does the access to CT colonography. It seems very likely to me that resources have been pulled out of the general pool for the Pilot programme leaving other patients to flounder!!

Feedback from patients has been very positive. The Pilot has been well run and the service provided at Waitakere Hospital excellent. Feedback to GPs has been timely. The big concern within General Practice is that the Screening Programme should not siphon capacity from the public endoscopy service which struggles to provide as timely a service for patients with significant red flags.
Excellent service, however only negative feedback, is that currently there are relatively long waiting list times for symptomatic patients (i.e. non-screening patients) - this can provide some difficult consultations when symptomatic patients who are on the public waiting list for a colonoscopy, enquire why they have to anxiously wait for many months for their colonoscopy, when asymptomatic patients on the screening programme with a positive iFOBT get a colonoscopy promptly. Although I understand the difference between screening vs diagnostic pathways and different funding channels, prompt access to colonoscopy can be frustrating at times.

I find it hard to accept that patients who present to GP with bowel changes/ symptoms and positive FOB through GP testing have an exceptionally long wait for a colonoscopy in the public system where the bowel screening patient gets it very quickly. Both should be treated with same importance and timeframe.

I want to see clear evidence that we are saving lives and that this is cost effective. I worry about the cost as well as how we are going to monitor all these people in future. I still believe patients with symptoms should have priority over screening and often now I find myself encouraging those with vague symptoms to do the screening in the hope I can get them scoped more easily if necessary. Why can we not access this iFOBT test?

Need for more information and better communications about the BSP

Reflecting the BSP was 18 months into its implementation at the time of the survey, fewer respondents than in 2011 mentioned the need for more information. Feedback received tended to be a general perspective on the need for better communication across the pathway and ensuring general practice has information needed to keep their patients informed (e.g. BSP process and wait times). A few respondents would appreciate a refresher session on the BSP.

Communication is the key to move the work forward.... that everyone concerned need to be well informed of what’s happening.

I would like to feel more confident about talking to patients before the testing about the consequences of a possible positive result.

Initially got info re Pilot at practice - then nothing much more that I can recall. I think GP practices could mention it in meetings, etc. to keep issue at forefront or have bowel screening programme coordinators come and do session at GP practices as one off - to explain process a bit better, expected follow-up times, etc.

Comments received highlighted some general practices want to be informed when their patients received a BSP kit and who has not completed the kit so they can discuss the benefits of taking part. GPs also noted wanting more information about the BSP Pilot results as a few are questioning the benefits of screening. Information on wait times is sought so they can inform their patients appropriately.

Would be more effective if we knew when patients were sent out kits e.g. help to set up automatic recalls so we could be proactive in encouraging patients to complete the kits. Also we could hand out kits from our clinic if patient was in for another reason and tie this in with our other routine recalls.

Need more quantitative info about positive benefits and negatives associated with screening before can comment on if I support. In general I support screening but increased issues are coming to light in terms of benefit vs risk e.g. mammography.
Feedback on aspects of the BSP process and pathway

The following comments were made about the BSP processes by two or three respondents so they are not strong themes:

- Need for up to date contact details for participants

  Because radiology calls every patient that is booked in for a CT colo prior to booking it’s really important that we are provided with up to date contact phone numbers for these patients and also that they are made aware that they will hear from Radiology in due course to be booked for their appointments.

  The address database of the bowel screening seems very out of date. Incorrect details on patient regarding GP they are with is a good two years out of date too. Therefore results could go to incorrect GP if patient has not corrected it on receiving form.

- Need for timely histology report to general practice

  Fantastic Pilot well received by patients, only comment is the delay in receiving histology of polyps removed.

  GPs should be getting the histology results for the patients file. I can’t believe this hasn’t been done from the start. It can become an issue in subsequent years/subsequent referrals and it should be on the patient’s file, it is also condescending, not indicating a good attitude, not to send it.

- A preference by a few GPs to have faxed and emailed results as faxed results are dealt with more promptly

  It would be good to fax through all positive results as well as sending through HealthLink- as faxes get read quicker.

  The big problem for me is that a positive result is NOT faxed to me, as well as being sent by HealthLink, so I am alerted to it and can act on it promptly. Surely most GPs are behind with our Inboxes and I do not always find a positive result within the time for me to notify and refer. Some of the end result letters are very ambiguous re follow-up.

- Differing perspectives were noted on the role of general practice in the BSP. Some were supportive given the importance of the GP-patient relationship, while others felt general practice involvement created potential delay and errors.

  It is very important that GPs remain the cornerstone of delivering positive results to patients. We know the patients and their families. If we get the results, we can plan home visits or appointments at a time to suit the patient and their families, so that the results and information can be delivered in an environment that patients feel comfortable.

  Communication and getting GPs’ buy in is very important. One must be aware that GPs cannot take full responsibility for notifying patient of a positive test. A team of clinical people need to do that to ensure correct processes and information is given to the patient.

  I do not think GPs need to be directly involved in the bowel screening project and positive iFOBT should be dealt with by the project itself, while keeping GPs informed of results in the same way BreastScreen does.
The location of the WHEU for bowel screening was noted as problematic for some patients.

In my experience most patients that come up positive are referred to Waitakere Hospital and don’t have transport so this creates a barrier for getting the scope done. If it were at North Shore would be a LOT easier for these clients.

Lack of colonoscopy capacity

A few noted concern with colonoscopy capacity to meet the screening timeframes and another queried capacity issues for CT colonography particularly with regard to surveillance.

It would seem at present that there is insufficient capacity to scope within 50 days. I have just seen a patient today 3/12/13 and no appt for scope is available until the end of February at NSH. For this reason the patient is going privately.

My comments regarding adequate capacity to provide CT colonography relates to the numbers of referrals at present. I am concerned that with follow-up requirements e.g. five year follow-up as polyps were found in initial study, the Radiology Department will struggle to provide this service as patient numbers increase. This would also be reflected in the number of follow-up colonoscopies required.

Summary: GPs, practice nurses and endoscopy staff are confident in explaining the BSP to patients; radiology staff less so.

Overall, GPs, practice nurses and endoscopy staff rate their performance delivering relevant BSP activities fairly well, although these ratings tend to be lower than the expected performance ratings given in the 2011 baseline provider survey.

For GPs, the areas where performance was not rated as highly was identifying patients who are ineligible to participate in the BSP, referring patients with family history of bowel cancer to the New Zealand Familial Gastrointestinal Cancer Registry, and liaising with the BSP Coordination Centre when unable to contact patients with positive iFOBT results.

Although the majority of general practice staff reported an increase to their workload due to the BSP, this was significantly lower than the impact that was expected at the time of the 2011 baseline provider survey. In contrast, endoscopy staff confirmed expectations by universally reporting an increase to their workload.

Views on service capacity across the screening pathway are mixed with high levels of ‘don’t knows’ by providers not delivering the service. The level of GPs who ‘don’t know’ the perceived capacity to manage and recall of participants with increased risk and the perceived capacity of the BSP Coordination Centre suggests that GPs need to be kept more in the loop about BSP processes.

The effectiveness of interfaces between the different service providers in the BSP is varied, with GPs in particular acknowledging an improvement compared to the status prior to BSP implementation. In contrast, endoscopy staff perceive room to improve the interface between WHEU and general practice.
7. Discussion

This report provides a follow-up measure of BSP providers’ knowledge, attitudes and perceptions relating to the BSP and a possible national bowel screening programme, allowing comparison to baseline measures attained in 2011.

Key findings for each provider group, and potential implications of the findings for the BSP and the evaluation of the BSP, are discussed below.

**General practice**

**High awareness and business-as-usual**

In 2011 the key areas noted for improvement were to increase knowledge of the role of general practice in BSP pathways, and understanding of the screening pathway. Following the launch of the BSP and associated promotions to general practice, there has been a significant increase in general practices’ awareness of the BSP, support for the iFOBT, BSP and the potential national roll-out, and general practices’ confidence in explaining the BSP. In essence to a large extent the BSP has moved to business-as-usual across many general practices.

Three BSP activities stand out where general practices’ awareness and performance could be enhanced:

- Notifying patients who receive a positive iFOBT. Positively, awareness of this key role has increased amongst general practice. However, nearly one in ten GPs are not aware that informing patients of a positive result is their responsibility.
- Liaising with the BSP Coordination Centre about being unable to contact patients with a positive iFOBT.

These knowledge gaps highlight the importance of ongoing BSP promotion and information provision to general practice. As indicated from the qualitative feedback some general practices are interested in refreshers about the BSP process as well as learning how the Pilot is progressing with regard to uptake and identification of cancers.

There is a need for ongoing promotion of the New Zealand Familial Gastrointestinal Cancer Registry\(^a\) to general practice. While awareness of the New Zealand Familial Gastrointestinal Cancer Registry has increased since 2011, only half of GPs say they refer patients to it.

**Effective BSP interfaces**

General practice staff show a marked increase in their perceptions of the effectiveness of their interfaces with WHEU and BSP Coordination Centre.

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\(^a\) A service that offers assessment, diagnosis and surveillance of inherited gastrointestinal cancer syndromes
Impact on general practice workload not marked

In 2011 general practice staff expected that the BSP would result in an increase in workload for their practice and on their time and financial resources. This impact has not eventuated to the extent expected. Care is needed in the interpretation of this finding as general practice staff who did not respond to the survey may not agree.

Ongoing concerns about the impact of the BSP on symptomatic patients

Compared to 2011, GPs are less concerned about the capacity of other services to meet the needs of the BSP, in particular, colonoscopy, CT colonography and secondary care services, although there continues to be high levels of ‘don’t know’ responses for CT colonography and secondary care. There are ongoing concerns about symptomatic colonoscopy capacity amongst GPs. Qualitative comments from GPs suggest a particular concern that the BSP is reducing available services for symptomatic patients.

Endoscopy staff

Increased understanding of BSP interfaces and patient pathways

Reflecting their core role, endoscopy staff are aware of the BSP and agree that they have an important role. There is also near universal support for the BSP and for the possible national roll-out of a bowel screening programme. Most endoscopy staff are confident explaining the BSP to their patients and feel well-informed about the BSP. Endoscopy staff expectations of increased workload have eventuated.

In the main, endoscopy staff continue to have good awareness of ‘core endoscopy functions’, such as undertaking pre-assessments, providing high-quality colonoscopies and providing results to GPs. Positively, there has been increased understanding of notifying patients who receive a positive iFOBT (if they do not have a GP or have not been notified by general practice) and referring patients for a CT colonography (if a colonoscopy is not suitable for them). In contrast to general practice, endoscopy staff are less positive about the interface between WHEU and general practice.

Radiology staff

Increased awareness of radiology role in the Bowel Screening Pilot

Compared to 2011, awareness, knowledge and understanding of the BSP has increased among radiology staff at Waitakere Hospital and North Shore Hospital; although awareness tends to be lower than general practice and endoscopy staff.

Implications for the Bowel Screening Pilot

Positively, the provider survey indicates increased levels of awareness, knowledge and support for the BSP among general practice, endoscopy and radiology staff. Key areas of focus for screening round two are:

- ensuring all GPs are aware of their role to inform BSP participants of positive results
- ensuring the effective interface between WHEU and general practice particularly giving information about BSP participants referred with a positive iFOBT to WHEU
- building awareness of the New Zealand Familial Gastrointestinal Cancer Registry amongst BSP providers and their role in referrals.
8. Bibliography


Appendix 1.0: Follow-up Provider Survey 2013

Q.1 Firstly, please tell us which of these best describes your role:
[Click one]

[REQUIRE ANSWER]

(5)
- General Practitioner
- Practice Nurse
- Other staff in general practice
- Endoscopy Unit staff at Waitakere Hospital
- Radiology staff at North Shore Hospital
- Radiology staff at Waitakere Hospital

[A - IF THE ANSWER TO QUESTION 2 IS 1, THEN SKIP TO QUESTION 4]

Q1A. Please tell us which Primary Health Organisation (PHO) you belong to:
[Click one]

[REQUIRE ANSWER]

(5)
- 1 ProCare
- 2 Waitematā PHO
- 3 National Hauora Coalition
- 4 Coast to Coast Healthcare Ltd.
- 5 Other

Q.2 Before you received this email, were you aware of the Bowel Screening Pilot in Waitematā DHB?
[Click one]

[REQUIRE ANSWER]

(6)
- Yes
- No
- Don't know

[A - IF THE ANSWER TO QUESTION 2 IS 1, THEN SKIP TO QUESTION 4]

Q.3 Since November 2011, men and women aged 50 to 74 who live in the Waitematā DHB area have been invited to take part in a free bowel screening programme to check for early signs of bowel cancer. The programme is a four-year pilot to test whether bowel screening should be introduced throughout New Zealand. During the four-year pilot most people will be screened twice.
Q.4 From which of the following sources have you seen or heard information about the Bowel Screening Pilot in Waitematā DHB?
[Click all that apply. Multiple answers possible]

[REQUIRE ANSWER]

(7-28)
☐ 01 Ministry of Health
☐ 02 Waitematā DHB
☐ 03 Bowel Screening Pilot Coordination Centre
☐ 04 Bowel Screening Pilot website
☐ 05 Primary Health Organisation
☐ 06 Professional organisation correspondence (e.g. RNZGP, NZ Nurses Organisation)
☐ 07 Colleagues
☐ 08 Conference / meetings / presentations
☐ 09 Patients
☐ 10 Media
☐ 11 Other (please describe...)
☐ 12 Not heard anything about the Bowel Screening Pilot

[EXCLUSIVE ANSWER: "Not heard anything about the Bowel Screening Pilot"]

[OTHER, SPECIFY - CHOICE OR SUB-QUEST. 11]

Q.5 other11

[REQUIRE ANSWER]

_______________________________________________________________ (29-78)

Q.6 To what extent do you support or oppose the Bowel Screening Pilot in Waitematā DHB?
[Click one]

[REQUIRE ANSWER]

(79)
☐ 1 Strongly support
☐ 2 Support
☐ 3 Do not support
☐ 4 Strongly oppose
☐ 5 Don’t know

[A - IF THE ANSWER TO QUESTION 6 IS NOT 3-4, THEN SKIP TO QUESTION 8]

Q.7 For what reasons do you not support the Bowel Screening Pilot?
[Type in the box, click NEXT to continue]

[REQUIRE ANSWER]

_______________________________________________________________ (80-1079)

[A - IF THE ANSWER TO QUESTION 1 IS NOT 1-3, THEN SKIP TO QUESTION 10]
Q.8 To what extent do you agree or disagree that the following activities are the role of general practice in the Bowel Screening Pilot?
[Click one on each row]

[REQUIRE ANSWER]

<table>
<thead>
<tr>
<th>Activity</th>
<th>Strongly agree</th>
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<th>Neither agree nor disagree</th>
<th>Disagree</th>
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<tr>
<td>Promoting participation in the Bowel Screening Pilot to eligible patients</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Encouraging eligible patients to remain within the public system for bowel screening</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Identifying patients who are ineligible to participate in the Bowel Screening Pilot due to, for example, a personal or family history of bowel cancer or polyps, or significant co-morbidities</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Referring patients with a significant family history of bowel cancer to the New Zealand Familial Gastrointestinal Cancer Registry</td>
<td>1</td>
<td>2</td>
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Q.9 To what extent do you agree or disagree that the following activities are the role of general practice in the Bowel Screening Pilot?
[Click one on each row]

[REQUIRE ANSWER]

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<th>Activity</th>
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<th>Disagree</th>
<th>Strongly disagree</th>
<th>Don't know</th>
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<tr>
<td>Notifying patients who receive a positive iFOBT of their result</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<tr>
<td>Discussing the implications of a positive iFOBT with patients before referring to the Waitakere Hospital Endoscopy Unit</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Providing the Waitakere Hospital Endoscopy Unit with clinical information for pre-assessment of patients who have a positive iFOBT</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Liaising with the Bowel Screening Pilot Coordination Centre about being unable to contact patients with a positive iFOBT</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<tr>
<td>Managing or recalling patients, as required, if found to be at increased risk of developing bowel cancer through the Bowel Screening Pilot</td>
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[A - IF THE ANSWER TO QUESTION 1 IS NOT 4, THEN SKIP TO QUESTION 12]

Q.10 To what extent do you agree or disagree that the following activities are the roles of Waitakere Hospital Endoscopy Unit in the Bowel Screening Pilot?
[Click one on each row]
Q.11 To what extent do you agree or disagree that the following activities are the roles of Waitakere Hospital Endoscopy Unit in the Bowel Screening Pilot?

[Click one on each row]

<table>
<thead>
<tr>
<th>Activity</th>
<th>Strongly agree</th>
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<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Don’t know</th>
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<tbody>
<tr>
<td>Notifying patients who receive a positive iFOBT, if they do not have a GP or have not been notified by general practice</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>Liaising with general practice about patients the Endoscopy Unit are unable to contact to notify about their positive iFOBTs</td>
<td>1</td>
<td>2</td>
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<td>4</td>
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<td>6</td>
</tr>
<tr>
<td>Undertaking high quality pre-assessments of Bowel Screening Pilot patients</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<tr>
<td>Referring patients for a CT colonography if a colonoscopy is not suitable for them</td>
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[REQUIRE ANSWER]

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<tr>
<td>Providing high quality colonoscopy to Bowel Screening Pilot patients</td>
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<td>2</td>
<td>3</td>
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<td>5</td>
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<td>Providing results of colonoscopy to GPs of Bowel Screening Pilot patients</td>
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[A - IF THE ANSWER TO QUESTION 1 IS NOT 1-3, THEN SKIP TO QUESTION 14]
Q.12 Please rate how your general practice is performing in the following areas:

[Click one on each row]

<table>
<thead>
<tr>
<th></th>
<th>Very good</th>
<th>Good</th>
<th>Neither good nor poor</th>
<th>Poor</th>
<th>Very poor</th>
<th>Don't know</th>
</tr>
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<tbody>
<tr>
<td>Promoting participation in the Bowel Screening Pilot to eligible patients</td>
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Q.13 Please rate how your general practice is performing in the following areas:

[Click one on each row]

<table>
<thead>
<tr>
<th></th>
<th>Very good</th>
<th>Good</th>
<th>Neither good nor poor</th>
<th>Poor</th>
<th>Very poor</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notifying all patients who receive a positive iFOBT of their result</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Discussing the implications of a positive iFOBT with all patients before referring to the Waitakere Hospital Endoscopy Unit</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Proactively providing the Waitakere Hospital Endoscopy Unit with clinical information for pre-assessment of all patients who receive a positive iFOBT</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Proactively liaising with the Bowel Screening Pilot Coordination Centre about being unable to contact patients with a positive iFOBT</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Managing or recalling patients, as required, if found to be at increased risk of developing bowel cancer through the Bowel Screening Pilot</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

[A - IF THE ANSWER TO QUESTION 1 IS NOT 4, THEN SKIP TO QUESTION 16]
Q.14 Please rate how the Waitakere Hospital Endoscopy Unit is performing in the following areas:  
[Click one on each row]

<table>
<thead>
<tr>
<th>[REQUIRE ANSWER]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Notifying all patients who receive a positive iFOBT, if they do not have a GP or have not been notified by general practice</td>
</tr>
<tr>
<td>Proactively liaising with general practice about patients the Endoscopy Unit are unable to contact to notify about their positive iFOBTs</td>
</tr>
<tr>
<td>Consistently undertaking high quality pre-assessments of Bowel Screening Pilot patients</td>
</tr>
<tr>
<td>Referring patients for a CT colonography if a colonoscopy is not suitable for them</td>
</tr>
</tbody>
</table>

Q.15 Please rate how the Waitakere Hospital Endoscopy Unit is performing in the following areas:  
[Click one on each row]

<table>
<thead>
<tr>
<th>[REQUIRE ANSWER]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Providing high quality colonoscopy to Bowel Screening Pilot patients</td>
</tr>
<tr>
<td>Providing results of colonoscopy to Bowel Screening Pilot patients</td>
</tr>
<tr>
<td>Providing results of colonoscopy to Bowel Screening Pilot patients’ GP</td>
</tr>
<tr>
<td>Providing results of colonoscopy to the Bowel Screening Pilot Coordination Centre</td>
</tr>
</tbody>
</table>

[A - IF THE ANSWER TO QUESTION 1 IS NOT 1-3, THEN SKIP TO QUESTION 17]

Q.16 To what extent has the Bowel Screening Pilot increased or decreased the workload in your general practice?  
[Click one]

<table>
<thead>
<tr>
<th>[REQUIRE ANSWER]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>(1114)</td>
</tr>
<tr>
<td>1</td>
</tr>
</tbody>
</table>
Q.17 To what extent has the Bowel Screening Pilot increased or decreased the workload in the Endoscopy Unit at Waitakere Hospital?

[Click one]

[REQUIRE ANSWER]

(1115)
☐ 1: Significantly increased
☐ 2: Increased
☐ 3: No change
☐ 4: Decreased
☐ 5: Significantly decreased
☐ 6: Don’t know

Q.18 To what extent has the Bowel Screening Pilot increased or decreased the workload in radiology at North Shore Hospital?

[Click one]

[REQUIRE ANSWER]

(1116)
☐ 1: Significantly increased
☐ 2: Increased
☐ 3: No change
☐ 4: Decreased
☐ 5: Significantly decreased
☐ 6: Don’t know

Q.19 To what extent has the Bowel Screening Pilot increased or decreased the workload in radiology at Waitakere Hospital?

[Click one]

[REQUIRE ANSWER]

(1117)
☐ 1: Significantly increased
☐ 2: Increased
☐ 3: No change
☐ 4: Decreased
☐ 5: Significantly decreased
☐ 6: Don’t know

[A - IF THE ANSWER TO QUESTION 1 IS NOT 1-3, THEN SKIP TO QUESTION 21]
Q.20 Will the Bowel Screening Pilot have a positive, negative or no impact on other services provided by your general practice?

[Click one]

[REQUIRE ANSWER] (1118)

- 1: Positive impact
- 2: No impact
- 3: Negative impact
- 4: Don’t know

[A - IF THE ANSWER TO QUESTION 1 IS NOT 4, THEN SKIP TO QUESTION 22]

Q20-23 REMOVED

Q.24 To what extent do you agree or disagree with the following statements.

[Click one on each row]

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am confident in explaining the Bowel Screening Pilot to patients</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>I have an important role in the Bowel Screening Pilot</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>I am not well informed about the Bowel Screening Pilot</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>I support the use of the iFOBT as the screening test in the Pilot</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>The bowel cancer death rate in New Zealand is a significant health concern</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>I am aware of the role of the New Zealand Familial Gastrointestinal Cancer Registry</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

LITMUS

77
Q.25 What is your perception of current capacity to provide the following services to the Waitematā DHB Bowel Screening Pilot?  
[Click one on each row]

<table>
<thead>
<tr>
<th>Service Description</th>
<th>More than enough capacity</th>
<th>Just about right</th>
<th>Not enough capacity</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory services to process iFOBTs and pathology</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4 (1128)</td>
</tr>
<tr>
<td>Colonoscopy services, via the Waitakere Hospital Endoscopy Unit</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4 (1129)</td>
</tr>
<tr>
<td>CT colonography services</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4 (1130)</td>
</tr>
<tr>
<td>Secondary care services for bowel cancer, including surgery, radiotherapy, chemotherapy</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4 (1131)</td>
</tr>
<tr>
<td>General practice notification of positive iFOBT results and referral to Waitakere Hospital Endoscopy Unit</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4 (1132)</td>
</tr>
<tr>
<td>Managing or recalling patients, as required, if found to be at increased risk of developing bowel cancer through the Bowel Screening Pilot</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4 (1133)</td>
</tr>
<tr>
<td>Coordination of the Bowel Screening Pilot by the Coordination Centre</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4 (1134)</td>
</tr>
</tbody>
</table>

[A - IF THE ANSWER TO QUESTION 1 IS NOT 1-4, THEN SKIP TO QUESTION 28]

Q.26 Focusing on the interface between general practice and the Waitakere Hospital Endoscopy Unit, to what extent do you agree or disagree that there are:  
[Click one on each row]

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear roles and responsibilities for delivering the Bowel Screening Pilot</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>(1135)</td>
</tr>
<tr>
<td>Adequate communication processes for delivering the Bowel Screening Pilot</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>(1136)</td>
</tr>
<tr>
<td>Effective working relationships to achieve a seamless process for patients along the Bowel Screening Pilot pathways</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>(1137)</td>
</tr>
</tbody>
</table>

[A - IF THE ANSWER TO SUB-QUESTION 3 OF QUESTION 26 IS NOT 4-5, THEN SKIP TO QUESTION 28]
Q.27 Please briefly explain your reasons for disagreeing that there are:

"Effective working relationships, between general practice and the Waitakere Hospital Endoscopy Unit, to achieve a seamless process for patients along the Bowel Screening Pilot pathways"

[Type in the box, click NEXT to continue]

[REQUIRE ANSWER]

_______________________________________________________________________

(1138-1637)

[A - IF THE ANSWER TO QUESTION 1 IS NOT 1-3, THEN SKIP TO QUESTION 30]

Q.28 Focusing on the interface between general practice and the Bowel Screening Pilot Coordination Centre, to what extent do you agree or disagree that there are:

[Click one on each row]

[REQUIRE ANSWER]

<table>
<thead>
<tr>
<th>Clear roles and responsibilities for delivering the Bowel Screening Pilot</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequate communication processes for delivering the Bowel Screening Pilot</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Effective working relationships to achieve a seamless process for patients along the Bowel Screening Pilot pathways</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

[A - IF THE ANSWER TO SUB-QUESTION 3 OF QUESTION 28 IS NOT 4-5, THEN SKIP TO QUESTION 30]

Q.29 Please briefly explain your reasons for disagreeing that there are:

"Effective working relationships, between general practice and the Bowel Screening Pilot Coordination Centre, to achieve a seamless process for patients along the Bowel Screening Pilot pathways"

[Type in the box, click NEXT to continue]

[REQUIRE ANSWER]

_______________________________________________________________________

(1641-2140)

[A - IF THE ANSWER TO QUESTION 1 IS NOT 4, THEN SKIP TO QUESTION 32]

Q.30 Focusing on the interface between the Waitakere Hospital Endoscopy Unit and the Bowel Screening Pilot Coordination Centre, to what extent do you agree or disagree that there are:
EVALUATION OF THE BOWEL SCREENING PILOT – FOLLOW-UP PROVIDER SURVEY

[Click one on each row]

<table>
<thead>
<tr>
<th>[REQUIRE ANSWER]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear roles and responsibilities for delivering the Bowel Screening Pilot</td>
</tr>
<tr>
<td>Adequate communication processes for delivering the Bowel Screening Pilot</td>
</tr>
<tr>
<td>Effective working relationships to achieve a seamless process for patients along the Bowel Screening Pilot pathways</td>
</tr>
</tbody>
</table>

[A - IF THE ANSWER TO SUB-QUESTION 3 OF QUESTION 30 IS NOT 4-5, THEN SKIP TO QUESTION 32]

Q.31 Please briefly explain your reasons for disagreeing that there are:

"Effective working relationships, between the Waitakere Hospital Endoscopy Unit and the Bowel Screening Pilot Coordination Centre, to achieve a seamless process for patients along the Bowel Screening Pilot pathways"

[Type in the box, click NEXT to continue]

[REQUIRE ANSWER]

_______________________________________________________________________ (2144-2643)

[A - IF THE ANSWER TO QUESTION 1 IS NOT 4-6, THEN SKIP TO QUESTION 34]

Q.32 Focusing on the interface between the Waitakere Hospital Endoscopy Unit and North Shore and Waitakere Hospitals' radiology services, to what extent do you agree or disagree that there are:

[Click one on each row]

<table>
<thead>
<tr>
<th>[REQUIRE ANSWER]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear roles and responsibilities for delivering the Bowel Screening Pilot</td>
</tr>
<tr>
<td>Adequate communication processes for delivering the Bowel Screening Pilot</td>
</tr>
<tr>
<td>Effective working relationships to achieve a seamless process for patients along the Bowel Screening Pilot pathways</td>
</tr>
</tbody>
</table>

[A - IF THE ANSWER TO SUB-QUESTION 3 OF QUESTION 32 IS NOT 4-5, THEN SKIP TO QUESTION 34]

Q.33 Please briefly explain your reasons for disagreeing that there are:
"Effective working relationships, between the Waitakere Hospital Endoscopy Unit and North Shore and Waitakere Hospitals’ radiology services, to achieve a seamless process for patients along the Bowel Screening Pilot pathways."

Q.34 To what extent do you support or oppose the introduction of a national Bowel Screening programme?
[Click one]

Q.35 What other feedback do you have about the Waitematā DHB Bowel Screening Pilot?
[Type in the box, click NEXT to continue]

Q.36 And finally, some questions about you and where you work:
Please tell us your gender.
[Click one]

Q.37 Which ethnic group/s do you belong to?
[Click all that apply. Multiple answers possible]
EVALUATION OF THE BOWEL SCREENING PILOT – FOLLOW-UP PROVIDER SURVEY

☐ 1. Samoan
☐ 2. Cook Island Maori
☐ 3. Tongan
☐ 4. Niuean
☐ 5. Chinese
☐ 6. Indian
☐ 7. Other (please specify...)
☐ 8. Prefer not to answer

[EXCLUSIVE ANSWER: “Prefer not to answer”]

Q.38 other9

[REQUIRE ANSWER]

_______________________________________________________________________ (8158-8207)

[A - IF THE ANSWER TO QUESTION 1 IS NOT 4-6, THEN SKIP TO QUESTION 41]

Q.39 Which of the following best describes your role?
   [Click one]

[REQUIRE ANSWER]

(8208)
☐ 1. Nurse
☐ 2. Endoscopist
☐ 3. Other technical staff
☐ 4. Radiographer
☐ 5. Radiologist
☐ 6. Manager
☐ 7. Administrator
☐ 8. Other (please specify...)

[OTHER, SPECIFY - CHOICE OR SUB-QUEST. 8]

Q.40 other8

[REQUIRE ANSWER]

_______________________________________________________________________ (8209-8258)

[A - IF THE ANSWER TO QUESTION 1 IS NOT 1-3, THEN SKIP TO QUESTION 46]
Q.41 In which of these DHB areas is your general practice located?

[REQUIRE ANSWER]

(8259)
- Waitematā DHB
- Auckland DHB
- Counties Manukau DHB
- Other DHB

Q.42 How many full-time equivalent GPs work in your general practice?

[Type a number in the box]

[REQUIRE ANSWER]

Number of full-time equivalent GPs: .................. ________ (8260-8263)

Q.43 In your estimate, which of the following best describes the number of patients enrolled in your general practice?

[Click one]

[REQUIRE ANSWER]

(8264)
- 0-5,000
- 5,001-10,000
- 10,001 or more

Q.44-45 REMOVED

Q.46 This ends the survey.

If you want to enter the prize draw for the hamper, please enter your email address below.
[Type in the box, click Next to continue]

_______________________________________________________________________ (8282-8331)

[SHOW: BSPlitmusLogo.jpg]

Q.47

Thank you so much for your input

Your feedback will help the Ministry of Health and Waitematā DHB to improve the Bowel Screening Pilot.
If you have any questions about the evaluation of the Bowel Screening Pilot, please contact Lisa Gregg, Litmus <LINK: mailto: lisa@litmus.co.nz>lisa@litmus.co.nz<LINK>
Once you have clicked the FINISH button below, you will not be able to re-access your answers.

Q.48 Date ________________ (8332-8340)

Q.49 Time ____________ (8341-8346)

Q.50 Duration ____________ (8347-8352)

Q.51 password

____________________________________________________ (8353-8377)