

Independent Assurance Review for the National Bowel Screening Programme

Six-month report to February 2019

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Executive summary

In March 2018, the Ministry of Health (the Ministry) commissioned an Independent Assurance Review for the National Bowel Screening Programme (NBSP). The purpose was to examine issues with the Ministry's technology and processes that resulted in some eligible participants not being invited or re-invited to take part in the Bowel Screening Pilot (the pilot). The pilot ran in the Waitemata District Health Board (DHB) region from 2012 to 2017.

In August 2018, the review made 19 recommendations for improving and refining the programme (Independent Review Panel 2018). This is the first of two reports summarising what the Ministry has done in response to those recommendations. The second and final report will be published in August 2019.

Background

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

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

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

The review did not ask the Ministry to report on progress in addressing the recommendations. However, we chose to do this by publicly undertaking to produce a progress report at six and 12 months. This is the six-month report.

Status as at February 2019 and report format

The Ministry has addressed the review's 19 recommendations, six of which are now completed.

Recommendations of the independent panel

The review panel stated its support for the ongoing roll-out of the NBSP and made 19 high-level recommendations for improvement. The panel gave these recommendations two gradings:

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

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

1. The Ministry of Health should strengthen the population health governance of the National Bowel Screening Programme's population register to ensure that every effort is made to avoid a repeat of the issues that led to eligible participants missing out on bowel screening during the pilot. [critical]
2. The Ministry of Health should review the functionality and operation of the population register to increase its accuracy and completeness. [critical]
3. Urgent consideration of 'real-time' integration with primary care IT systems should be given in order to increase participation in the programme through primary care's access to a participant's full screening progress. [critical]
4. The Ministry of Health needs to continue to monitor and manage carefully the ongoing risk that the limited functionality of the BSP+ [the technically enhanced BSP] presents. [critical]
5. The Ministry of Health should continue to strengthen project management during the design, build and implementation of the National Screening Solution to ensure deliverables are met within the planned timeframes. It should review IT governance arrangements to ensure they are fit for purpose. [critical]
6. DHBs, the primary care sector and National Coordination Centre should be appropriately involved during the design, build and subsequent phases of the National Screening Solution. [critical]
7. To achieve equitable outcomes, the National Bowel Screening Programme should strengthen its approach to, and accountability for, equity at all levels. This includes increasing leadership and engagement of Māori, Pacific peoples and consumers. Funding to achieve this outcome should be budgeted for and directed. [critical]

8. The Ministry of Health should note the health and disability sector's concern about the current age-range restrictions, in particular in relation to the equity impact for Māori. The Ministry should continue to closely monitor programme data and review the programme parameters, including age range, as more DHBs join the NBSP. [essential]
9. A workforce development plan needs to be developed to ensure availability (and funding) of a sufficiently skilled workforce into the future. [essential]
10. The current governance structure for the National Bowel Screening Programme should be refined and more clearly articulated, ensuring appropriate pathways exist for escalation of issues and risks. [essential]
11. Stronger evidence of clinical governance is needed across all aspects of the National Bowel Screening Programme and at all levels, including within IT governance arrangements. This includes the programme Clinical Director formally and regularly reporting to the relevant executive governance groups to ensure clinical sector feedback. [essential]
12. The National Bowel Screening Programme must use robust programme management to ensure all aspects of this complex programme, including risk, stakeholder engagement and quality assurance, are closely monitored and well managed. [essential]
13. A full set of protocols and policies supporting the readiness and roll-out of the National Bowel Screening Programme should be developed as a matter of urgency, to provide greater support and clarity to the sector. [essential]
14. The Ministry of Health and National Screening Unit should strengthen partnerships with external agencies and organisations, to ensure effective knowledge sharing. This includes partnerships with the Corporate Centre (State Services Commission, The Treasury and Department of Prime Minister and Cabinet), Waitemata DHB, Bowel Cancer New Zealand and Hei Āhuru Mōwai (Māori Cancer Leadership Group). [essential]
15. A single set of national quality assurance standards for colonoscopy (including colonoscopy units) should be endorsed, with clear agreement on accountability. This involves bringing together the Endoscopy Governance Group for New Zealand's quality assurance standards and the National Bowel Screening Programme's interim quality standards. [essential]
16. A comprehensive multi-year funding pathway should be developed to help embed the programme throughout the sector. [essential]
17. The Ministry of Health should provide regular written communication to all parties involved in the roll-out. This would include a technical section updating issues related to the IT systems (BSP+, NSS [National Screening Solution]), as well as reports on clinical standards development, performance measures and learnings from other DHBs during the roll-out. [essential]
18. A strong learning culture at the Ministry of Health and across the NBSP needs to be promoted. This includes an openness to feedback, involvement of external expertise, transparency in decision-making and shared ownership of issues. [essential]

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

1 Introduction

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

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

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

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

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

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

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

- implementing the review's recommendations
- publishing progress against the recommendations in early 2019 and August 2019.

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

This report is structured under these five themes.

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

2 Governance

2.1 Related recommendations

There are three recommendations under the Governance theme. Two of these (recommendations 10 and 11) are closed. Recommendation 1 has been addressed by the measures outlined below.

2.2 Population health governance (recommendation 1)

The recommendation:

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

In response to this recommendation, the Ministry has:

- strengthened the governance of the programme's population register and put in place processes to ensure, as much as possible, data is current
- ensured the design of the National Screening Solution (NSS) incorporates safeguards against the technical issues that arose during the pilot
- stepped up efforts to ensure the programme has the correct address details for potential participants by cross-referencing against a range of other health databases.

The above measures were under way before the review began, in response to the issues that arose during the pilot. Since the review, to further address this recommendation, the Ministry has:

- enlisted the help of general practitioners to encourage patients to keep their contact details up to date
- included messaging about the importance of current addresses in promotional materials targeted at health consumers nationally and at DHB level

- undertaken two further activities to reduce the risk of potential participants not being invited:
 - changed the BSP and its operating procedures
 - supported the National Coordination Centre (NCC) by making available a Ministry public health physician and screening information and analytics experts to answer queries as they arise.

Despite all these actions, it needs to be acknowledged that using National Health Index (NHI) data to identify potential participants carries an inherent risk that address details may become outdated.

While the Ministry has addressed this recommendation with multiple actions, we wish to keep it open until the NSS has replaced the BSP.

2.3 Governance structure and clinical governance (recommendations 10 and 11)

The recommendations:

10. The current governance structure for the National Bowel Screening Programme should be refined and more clearly articulated, ensuring appropriate pathways exist for escalation of issues and risks. [essential]
11. Stronger evidence of clinical governance is needed across all aspects of the National Bowel Screening Programme and at all levels, including within IT governance arrangements. This includes the programme Clinical Director formally and regularly reporting to the relevant executive governance groups to ensure clinical sector feedback. [essential]

In response to this recommendation, the Ministry has:

- established a new governance structure (see Figures 1 and 2).

This revised structure clarifies how and where governance, including clinical governance, is provided. The Ministry's Chief Medical Officer continues to be a full member of the NBSP Governance Group, supported by the Clinical Director, NSU and Clinical Director, NBSP.

Further activities the Ministry has undertaken include:

- inviting the Chair of the Bowel Screening Advisory Group (BSAG) and a DHB Chief Executive to join the NBSP Governance Group
- ensuring clinical representation on key advisory bodies is adequate.

Many of the external members on BSAG, the National Screening Advisory Group and the National Bowel Cancer Working Group are clinicians. The National Coordination Centre, which trades as Homecare Medical Limited,² has its own clinical leadership group, which the Ministry's Clinical Director, NSU attends.

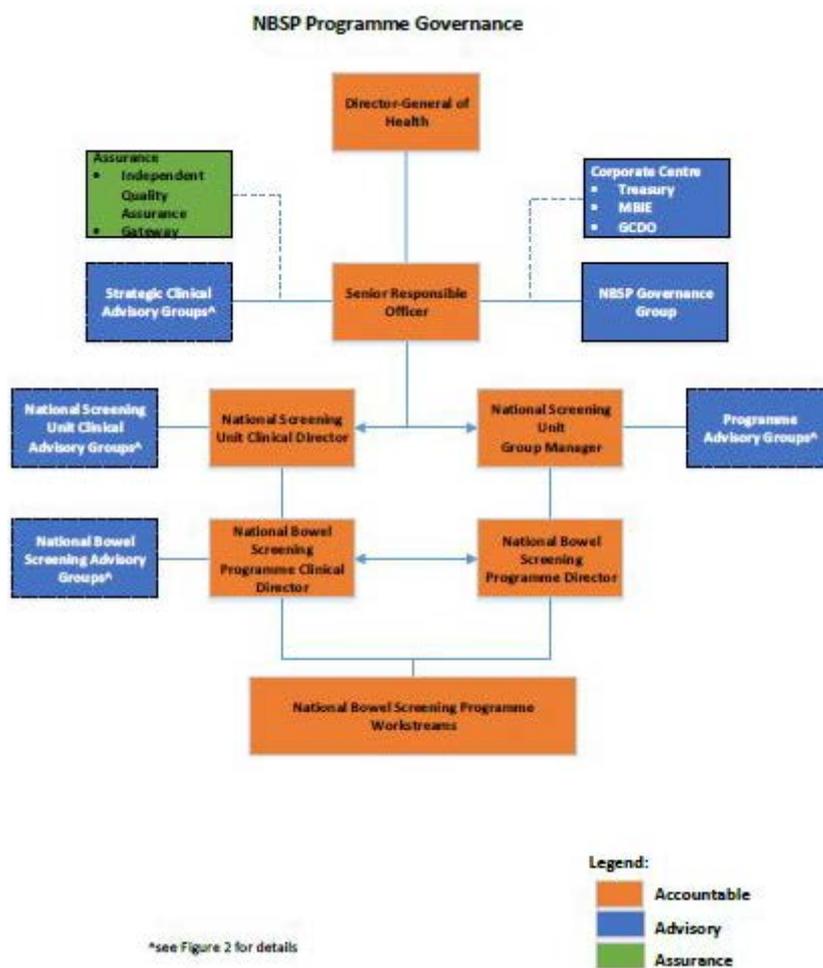
The Ministry has also:

- embedded clinical oversight in the development of the NSS.

A Clinical Reference Group, including clinicians from across the NSU, provides advice and assurance that the technology is clinically appropriate for bowel screening and potentially other future screening programmes.

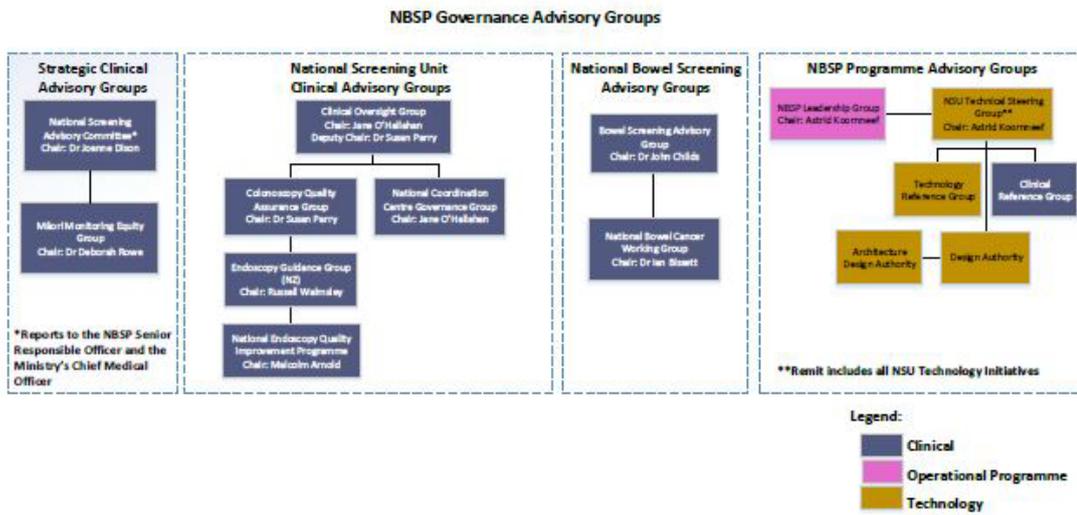
Recommendations 10 and 11 are considered closed.

Figure 1: Overview of the new governance structure of the National Bowel Screening Programme



² See www.homecaremedical.co.nz for further details.

Figure 2: Governance advisory groups of the National Bowel Screening Programme



3 Programme operation

3.1 Related recommendations

Almost half of the recommendations made by the independent review are about programme operations and management. There are nine recommendations under the Programme Operation theme.

Two (recommendations 5 and 16) are closed and the remaining seven will remain open until the NBSP has been fully implemented in 2021.

3.2 Project management (recommendations 5 and 12)

The recommendations:

5. The Ministry of Health should continue to strengthen project management during the design, build and implementation of the National Screening Solution to ensure deliverables are met within the planned timeframes. It should review IT governance arrangements to ensure they are fit for purpose. [critical]
12. The National Bowel Screening Programme must use robust programme management to ensure all aspects of this complex programme, including risk, stakeholder engagement and quality assurance, are closely monitored and well managed. [essential]

In response to these recommendations, the Ministry has:

- recruited staff with appropriate skills as the NBSP implementation continues and the need for various specialties arises
- appointed additional IT specialists to join the NSS development team, including a programme manager and a senior IT project manager
- established a technology steering group, with associated subgroups, to strengthen the governance and operational capability needed to support the NSS development
- strengthened programme management, using best practice guidelines.

The NBSP will continue to use appropriate project management practices and adapt these as its implementation progresses.

Recommendation 5 is closed. Recommendation 12 will remain 'in progress' until the NBSP is fully implemented.

3.3 Equity (recommendations 7 and 8)

The recommendations:

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

In response to these recommendations, the Ministry has:

- enshrined equity considerations in all its work programmes
- made it a priority for the NBSP to achieve equitable outcomes for Māori, Pacific peoples and eligible participants living in areas of high socioeconomic deprivation
- continued with efforts to encourage participation by priority groups through setting up Māori and Pacific networks to share ideas and initiatives. Ngā hui and fono will continue until the NBSP is fully implemented
- put extra effort into contacting potential participants through community outreach programmes run through the National Coordination Centre and DHBs
- undertaken a review the NBSP promotional material the Ministry supplies to DHBs to ensure it is tailored to priority populations and has messages that are easy to understand and culturally appropriate
- ensured the BSAG has members representing the interests of priority populations.

BSAG members include Māori public health academics, the Chair of Hei Āhuru Mōwai (the Māori cancer network), the Ministry's Chief Advisor Pacific Health and a Pacific public health physician.

One example of how these advisors have contributed is that they influenced the process of developing active follow-up of priority participants during the pilot. This initiative lifted participation rates and is now part of the NBSP.

Further to the above, the Ministry:

- convened a meeting with Māori health experts to discuss inequities in health outcomes for Māori from the current NBSP.

The meeting considered key drivers of the predicted inequities (especially underlying bowel cancer incidence rates by age and ethnicity, and participation rates in the NBSP). A particular consideration was whether the age for Māori to begin screening should be extended from 60 to 50 or 55 years. It also considered whether the threshold at which the faecal immunochemical test is reported as positive should differ based on ethnicity. The meeting recommended extending the eligibility of Māori to 50 years. The meeting also recommended the NSU recruit a senior Māori leader and develop strategies for gathering and implementing evidence-based interventions to increase Māori participation.

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

3.4 Support to DHBs (recommendation 13)

The recommendation:

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

In response to this recommendation, the Ministry has:

- continuously developed appropriate protocols, standards and policies to support the implementation of the NBSP.

The Waitemata DHB standards for the pilot were the starting point. The Ministry adapted these standards, first for Hutt Valley and Wairarapa DHBs and then, as required, as the NBSP continues to roll out.

Interim quality standards for the National Coordination Centre and primary care were recently updated.

The programme also releases one-off policy statements in response to emerging issues, such as the sale and use of pharmacy-bought self-testing faecal blood kits.

Further, in addressing this recommendation, the Ministry has:

- continued to comprehensively support DHBs as they join the NBSP. It offers advice and support through the Ministry's NBSP team and through the bowel screening regional centres
- refined its readiness assessment processes to provide DHBs with clear guidelines on what they must do to be in a position to begin the NBSP and successfully deliver bowel screening
- consulted with clinical groups and professional bodies on draft clinical guidelines for the health sector. The best practice guidelines will provide guidance to practitioners involved in the bowel screening pathway, supporting clinical decision-making and providing advice to participants.

Recommendation 13 will remain open until the implementation of the NBSP is complete.

3.5 Quality standards (recommendation 15)

The recommendation:

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

In response to this recommendation, the Ministry has:

- developed quality assurance standards (National Screening Unit 2018)³ and is actively reviewing and adapting them (as outlined in section 3.4) as the NBSP is rolled out. The interim standards will only become final when the roll-out is complete by mid 2021.

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

Further, in addressing this recommendation, the Ministry has:

- continued to work closely with the Endoscopy Governance Group for New Zealand to achieve consistent standards of colonoscopy and endoscopy delivery across the country.

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

³ Available at: www.nsu.govt.nz/health-professionals/national-bowel-screening-programme/standards-and-guidelines

3.6 Multi-year funding (recommendation 16)

The recommendation:

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

In response to this recommendation, the Ministry has:

- continued its established multi-year approach to funding to give the programme security in the long term.

To fund the NBSP, the Ministry applies for funding through the annual budget rounds to Cabinet. Funding is a Cabinet decision. Multi-year funding is provided to each DHB in two stages:

1. for planning and implementation of bowel screening
2. to deliver bowel screening.

Recommendation 16 is closed.

3.7 Learning culture and continuous improvement⁴ (recommendations 18 and 19)

The recommendations:

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

⁴ See also recommendation 7.

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

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

In response to these recommendations, the Ministry has:

- demonstrated a strong culture of openness to learning by continuing to interact with and seek advice from a wide variety of sources. Examples include:
 - working closely with central agencies (The Treasury, the Government Chief Digital Office and the Ministry of Business, Innovation and Employment)
 - seeking national clinical and screening expertise, through BSAG, the National Screening Advisory Group and the National Bowel Cancer Working Group, which continue to provide support and guidance and act as ‘critical friends’ of the NBSP
 - accessing international clinical and screening expertise from the clinical leads for the National Health Service England, the Canadian bowel screening programme and the Dutch bowel screening programme. The NBSP Clinical Director is a member of a number of international bowel cancer groups and regularly engages in international clinical and academic conferences. Additionally, the Clinical Director, NSU and Group Manager, NSU engage with their screening counterparts in Australia.

In addition to the above, in the spirit of continuous learning, refinement and improvement, the Ministry has:

- fostered collaboration and information-sharing among DHBs.

The Ministry NBSP team, supported by the bowel screening regional centres, actively encourages DHBs that are progressing through the stages of implementation to share information and any lessons learnt.

Further, to address recommendation 19, ‘innovation and continuous quality improvement should be encouraged to achieve equitable access’, the Ministry has:

- made achieving equitable access a key focus of the NBSP and is addressing this in multiple ways across the NBSP.

Ministry actions that demonstrate how it has addressed recommendation 18, which promotes ‘transparency in decision-making’, are:

- proactively releasing health reports (briefings), Cabinet papers and Cabinet minutes on the Ministry’s website
- publishing information about colonoscopy wait-time indicators on the Ministry’s website
- making greater use of the NSU⁵ website to support health professionals involved in the NBSP. In 2019, we also intend to upload more information from BSAG to the NSU web pages

⁵ www.nsu.govt.nz/health-professionals/national-bowel-screening-programme

- expanding the consumer-facing website Time to Screen⁶ to include bowel screening
- being transparent when adverse events occur and proactively releasing details in the public interest.

The Ministry will not close these recommendations until 2021. This is because they underpin the continuous improvement and the development needed to successfully implement the NBSP.

⁶ www.timetoscreen.nz

4 Technology

4.1 Related recommendations

There are four recommendations under the Technology theme.

Recommendations 2 and 3 are closed, recommendation 4 is ongoing and recommendation 6 is in progress.

4.2 Population register (recommendation 2)

The recommendation:

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

In response to this recommendation, the Ministry has:

- reviewed the population register (MacIntyre 2018) and made this review publicly available on the Ministry's website^{7 8}
- continued to enhance the BSP (which is referred to as BSP+) so that it can better support the NBSP until the NSS replaces it
- reviewed the reliability of the population register (see section 2.2)
- begun weekly updates of the population register by cross-referencing NHI data with the following health databases:
 - Mental Health database
 - National Minimum Dataset for Hospital Events
 - National Non Admitted Patient Data Collection
 - Pharmaceutical Claims Datamart
 - Laboratory Claims Collection
 - Cancer Registry
 - National Maternity Collection
 - Primary Health Organisation Data Warehouse and latest visit date in General Medical Services.

⁷ www.health.govt.nz/system/files/documents/pages/min-ey-report-redacted.pdf

⁸ www.health.govt.nz/system/files/documents/pages/moh_nsu_wdnhb_bsp_review_report_final.pdf

- established processes to ensure that any anomalies identified in the population register are investigated immediately and remedial action taken
- engaged with other international screening programmes to learn from their experience of adverse events and to better manage the risk of a similar event occurring here.

Issues with the English breast screening register (Thomas et al 2018) have been of particular note. The NSU has gained a clear understanding from international colleagues of what went wrong and how similar events could be avoided in New Zealand.

This recommendation is closed.

4.3 'Real-time' integration with primary care (recommendation 3)

The recommendation:

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

In response to this recommendation, the Ministry has:

- explored the role of the National Enrolment Service, which primary care uses, as part of the development of the NSS
- included in the NSS Request for Proposal a requirement for a solution that could be integrated with the primary care IT systems
- included integration capability as a key consideration in designing and developing the NSS.

In the short term, integration with primary care is more likely to occur through the National Enrolment Service. It already has the connectivity with primary care that is needed and so allows the exchange of information for the NBSP.

Further, in response to recommendations for greater links with primary care, the Ministry has:

- ensured current processes within the NBSP provide transparency of the screening process in primary health. The NSS will send a notification to general practitioners

that people have been invited to screen, as well as the positive or negative screening result (which already occurs in the current system).

This recommendation is closed, as it is part of the NSS design and the future development pathway.

4.4 Monitoring the interim IT platform (recommendation 4)

The recommendation:

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

In response to this recommendation, the Ministry has:

- reviewed and enhanced BSP, to produce BSP+, as outlined in section 4.2
- continued to work closely with the developer of the BSP to monitor performance and, where necessary, improve and update the system.

The Ministry is currently working to support the active follow-up of priority populations with the aim of improving participation rates to address equity gaps.

The Ministry has also:

- limited the number of DHBs that rely on BSP+. Lakes DHB is the last DHB to join the NBSP, using BSP+. There are no plans for further DHBs to start screening using the BSP+.

From late 2019, DHBs joining the NBSP will use the NSS. The Ministry is working through the planning stages to minimise the period of transition for the eight DHBs that currently use BSP+ to migrate to the NSS.

Until all eight DHBs migrate, this recommendation will remain open.

4.5 Involving other agencies as the NSS is developed (recommendation 6)

The recommendation:

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

In response to this recommendation, the Ministry has:

- involved a range of stakeholders in early discussions over the development of the NSS and how it might work to support and enable their roles and needs
- made input from these parties, and lessons learnt during the pilot, key considerations in deciding on the design of NSS
- continued to involve key stakeholders in the development of the NSS. The build methodology can translate high-level design detail into specifics of what the product looks like and how it operates from a user perspective. In this way, would-be users get a simple, easy-to-understand idea of how the technology will function
- set up a technical reference group, the NSS Clinical Reference Group, and design authority to help stakeholders consult and engage on technical and clinical matters (see section 2.3)
- created a change management strategy for the NSS that will be updated regularly to clearly articulate the stakeholder engagement and implementation approach. This will ensure appropriate engagement during the validation (business acceptance testing) phase.

Work to close this recommendation is in progress.

5 Stakeholder and consumer engagement

5.1 Related recommendations

There are two recommendations under the Stakeholder and communications engagement theme.

Both recommendations are ongoing.

5.2 Stakeholder engagement (recommendation 14)

The recommendation:

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

Some of the activities to progress recommendations 16, 18 and 19 (Section 3) also address this recommendation.

In response to this recommendation, the Ministry has:

- continued to engage with the central agencies with regular meetings and reporting, including:
 - The Treasury – liaising through The Treasury Vote Health team, the Better Business Case process and the Major Projects Team
 - the New Zealand Government Procurement and Property, an operating group of Ministry of Business, Innovation and Employment – for procurement activity
 - Government Chief Digital Office – through seeking advice and IT assurance support

- consolidated the partnership with Waitemata DHB, both as an ongoing provider of the NBSP and through its role as the Northern Bowel Screening Regional Centre
- established a Māori network operated by the Midland Bowel Screening Regional Centre that has a close relationship with Hei Āhuru Mōwai (a long-standing member of the BSAG). Hei Āhuru Mōwai also participated in the Ministry meeting with Māori health experts to explore how bowel screening could deliver an equitable health gain for Māori
- established a Pacific network operated by the Central Bowel Screening Regional Centre
- fostered a good working relationship with Bowel Cancer New Zealand, sharing information on issues that develop around bowel cancer.

Work on this recommendation is ongoing.

5.3 Sector communications (recommendation 17)

The recommendation:

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

In response to this recommendation, the Ministry has:

- employed a dedicated stakeholder and communications advisor in addition to a dedicated senior communications advisor
- reviewed the NBSP bimonthly stakeholder newsletter. The NBSP update is produced as an e-letter, available to all DHBs, including those who have not yet implemented bowel screening. It is publicly available on the Ministry website⁹ and subscribers are automatically notified of each new issue
- developed additional, less formal, monthly sector updates to DHBs about NBSP progress and clinical, technical and operational matters
- introduced formal quarterly reporting of DHB performance about bowel screening that will be made publicly available on the Ministry's website. A high-level report for public release, as well as more detailed annual reports, are also in development

⁹ ministryofhealthnewzealand.cmail20.com/t/ViewEmail/i/D092EE496A9E5A082540EF23F30FEDED/1F37FEA8880D8104DBC23BD704D2542D

- produced a range of other more technically and clinically focused reports, including a preliminary analysis of the negative faecal immunochemical test interval cancers recorded in the first two rounds of the pilot
- undertaken a review of a range of information material that DHBs use to promote bowel screening.

Work on this recommendation is ongoing.

6 Workforce

6.1 Related recommendation

There is one recommendation under the Workforce theme. The recommendation is ongoing. In December 2018, the Minister of Health announced changes at Health Workforce New Zealand,¹⁰ including 'refresh[ing] the approach to workforce strategy and planning by clarifying the respective roles and functions of HWNZ, DHBs and the Ministry'.

6.2 Workforce development plan (recommendation 9)

The recommendation:

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

In response to this recommendation, the Ministry has:

- reviewed the existing workforce development plan commissioned by Health Workforce New Zealand (HWNZ) in 2010.

This multi-year programme, which began in 2012, provides a blueprint for a staged approach to improving service performance and the workforce. It has resulted in the introduction of the nurse endoscopy training programme, additional medical training places and the introduction of colonoscopy wait-time indicators.

The New Zealand Society of Gastroenterology (NZSG) has also recently published 'A Critical Analysis of the Gastroenterology Specialist Workforce in New Zealand' (Caspritz et al 2018). In light of that paper and recommendation 9, the Ministry has:

- prioritised updating an action plan, in collaboration with the NSU, HWNZ, Endoscopy Guidance Group for New Zealand (EGGNZ), NZSG and the wider sector, to address gaps in the workforce and address long-term planning
- sought advice from EGGNZ on how to increase the endoscopy workforce and the challenges surrounding training in endoscopy. Dr Malcolm Arnold, NZSG President, made a presentation on behalf of Dr Russell Walmsley Chair of EGGNZ at the BSAG December 2018 meeting. The meeting concluded that there is a need to:

¹⁰ <https://www.beehive.govt.nz/release/prioritising-our-health-workforce>

- take a collaborative approach across a number of external organisations, as well as the Ministry, in order to solve this extremely complex problem
- increase the number of registrar positions
- increase the number of nurse endoscopists, which includes resolving the barriers to practice
- establish more mentors for overseas endoscopists recently trained in New Zealand
- consider how a centralised training base could be established, including training for the trainers
- review the number of patients on a bowel screening colonoscopy list
- consider introducing wait-time indicators across gastroenterology.

EGGNZ is currently looking to identify DHBs with the ability to support additional registrar positions for endoscopy.

Further, in addressing workforce issues, the Ministry has:

- worked with HWNZ to test assumptions made in the 2017 Health Workforce Model (which HWNZ created to plan for the required capacity for full roll-out of the NBSP) to ensure those assumptions remain valid.

This recommendation remains ongoing due to recent changes to the HWNZ governance, and the NZSG's publication.

7 Conclusion

Since the publication of the Independence Assurance Review's findings in August 2018, the Ministry has addressed and closed six recommendations (recommendations 2, 3, 5, 10, 11 and 16).

During this time, it has also successfully added three more DHBs to the NBSP, making a total of eight now screening. It has completed the design phase for the NSS and contracted Deloitte to build the IT platform, which will support the NBSP and potentially other screening programmes into the future.

Most significantly, since it began the NBSP has provided bowel screening to over 170,000 New Zealanders and undoubtedly saved at least 200 lives.

A key focus for 2019 will be building and commissioning the NSS and migrating the eight DHBs currently using the interim system across to the NSS.

Since the discovery of the invitation issue in the pilot, the Ministry has strengthened its processes for managing invitations and revised the NBSP governance structure to promote timely decision-making. It has also constructively worked with stakeholders, including by comprehensively supporting DHBs as they join the NBSP.

The report demonstrates good progress has been made in addressing some recommendations of the Independent Assurance Review. Please note that, while the NBSP is in an active implementation phase, other recommendations will necessarily remain open until the full roll-out of the NBSP is complete.

The Ministry has pleasure in presenting this report, which it believes provides a snapshot of a programme learning from our experiences. We are making real progress toward the goal of providing much-needed bowel screening to all New Zealanders.

Abbreviations

BSAG	Bowel Screening Advisory Group
BSP	Bowel Screening Pilot IT system
BSP+	Technically enhanced BSP
COG	Clinical oversight group
DHB	District health board
EGGNZ	Endoscopy Governance Group for New Zealand
HWNZ	Health Workforce New Zealand
IT	Information technology
Ministry	Ministry of Health
NBSP	National Bowel Screening Programme
NHI	National Health Index
NSS	National Screening Solution
NSU	National Screening Unit
NZSG	New Zealand Society of Gastroenterology

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