

Progress towards a national bowel screening programme for New Zealand

Proposal

- 1 I ask the Committee to note the outcomes of recent health sector consultation on a national bowel screening programme, and to note the Ministry of Health (the Ministry) is preparing a business case which will be submitted to Ministers in February 2016 as part of final Budget 2016 considerations.

Executive Summary

- 2 In July 2015 Cabinet agreed that the Ministry should consult with the health sector on the national service delivery model, service configuration and associated workforce and infrastructure needs, to inform a business case for the delivery of a national bowel screening programme [SOC Min (15) 14/7]. Cabinet requested a report back in December 2015 on the outcomes of this sector consultation.
- 3 New Zealand has one of the highest bowel cancer rates in the world. Bowel cancer is the second most common cause of cancer death in New Zealand after lung cancer.
- 4 International evidence shows that a national bowel screening programme is cost effective. It is expected that a national bowel screening programme would reduce the mortality rates for bowel cancer in New Zealand by at least 16-22 percent in the age group offered screening after eight to ten years. Screening has been shown both internationally and in New Zealand to detect cancers at an earlier, more treatable (and less costly to treat) stage.
- 5 Consultation has demonstrated widespread and strong support across the sector and general public for a national bowel screening programme. District health boards (DHBs) and other providers welcome the opportunity to provide bowel screening services to their populations and they can demonstrate their preparedness.
- 6 There is a need to maintain momentum towards implementing a national bowel screening programme, particularly given Government investment in the Waitemata DHB bowel screening pilot (the pilot), in reducing colonoscopy waiting lists and in workforce development. New Zealand is also one of the only OECD countries without a national bowel screening programme.
- 7 The Ministry is preparing a business case which will be submitted to Ministers in February 2016 as part of final Budget 2016 considerations. The business case will confirm the costs and key components of a national bowel screening programme.

Background

- 8 As noted by Cabinet in July 2015, bowel cancer is a leading cause of cancer death in New Zealand, with approximately 3016 new cases per year and 1283 deaths in 2012. New Zealand has the third highest mortality rate for bowel cancer in the OECD for women and the sixth highest for men. A person's risk of developing bowel cancer rises

steeply from 0.6 percent at age 50, to 5.6 percent by the age of 75 years. The number of cases diagnosed each year in New Zealand is therefore expected to increase as our population ages.

- 9 There is a strong association between the stage (extent) at which bowel cancer is diagnosed and eventual survival. Those with localised disease (earlier stage) at diagnosis have a 95 percent chance of a five year survival. Those with distant spread (metastases, later stage) have only a 10 percent five year survival rate. New Zealanders are more likely to be diagnosed with advanced stage cancers than people in Australia, the United States of America and the United Kingdom.
- 10 International evidence shows that organised national bowel screening is cost effective, and reduces the number of people who die from bowel cancer and with time reduces the number of people who die from the disease. New Zealand is one of the only OECD countries without a national bowel screening programme.
- 11 The bowel screening pilot at Waitemata DHB has been running since 2012. Budget 2015 provided funding of \$12.4 million to extend the pilot to December 2017. The pilot has an age range of 50-74 years.
- 12 The pilot has provided valuable information to guide the development of a national bowel screening programme for New Zealand. The pilot is undergoing full external evaluation. The interim evaluation of the first screening round of the pilot found that the screening pathway is safe, effective and acceptable to participants. The Ministry expects to receive the final evaluation of the pilot, including the cost effectiveness analysis, in mid-2016. Information to date indicates that findings of the final evaluation will be in line with international evidence.
- 13 Between January 2012 and September 2015 266 cancers were detected in Waitemata through the pilot. A further 29 people had their cancer detected after returning a positive test and choosing to have a colonoscopy through a private provider.
- 14 Recent investments in colonoscopy by the Government in Budgets 2013 and 2014 have resulted in significant improvements, with many DHBs clearing their waiting list back log.

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Comment

Sector consultation was positive and informative

- 15 On 1 July 2015 Cabinet agreed that the Ministry should consult with the health sector on a national service delivery model, service configuration and associated workforce and infrastructure needs, to inform a business case for the delivery of a national bowel screening programme [SOC Min (15) 14/7].
- 16 The Ministry hosted a national meeting in August 2015 and held five regional meetings in September 2015 with a combined attendance exceeding 360 people, including clinicians, managers, private providers and non-government organisations. This consultation highlighted strong support for the introduction of a national bowel screening programme.

17 There was support for:

- the national coordination of screening invitations and screening testing
- regional coordination of quality across the bowel screening pathway, in accordance with nationally developed quality standards
- local delivery of colonoscopy and health promotion
- a strong focus on improving equitable participation
- involving primary care within the programme.

18 Other key themes included:

- a keen interest in the model used for the pilot and in accessing the tools and resources they have developed
- continuing the existing momentum to improve colonoscopy quality, capacity and wait times, which is an essential requirement to ensure readiness for a national bowel screening programme
- workforce concerns, primarily within endoscopy, pathology and nursing
- the importance of quality data capture and a robust national bowel screening IT system to support a national programme.

19 A national bowel screening programme with the same age range as the pilot would be unachievable in New Zealand as the required volume of colonoscopies would exceed current colonoscopy capacity. Therefore the Ministry discussed with the health sector the feasibility of a bowel screening programme with a narrower age range than the pilot. The proposed narrower age range (to be confirmed in the business case) would detect the most bowel cancers possible within an achievable number of colonoscopies.

20 DHBs have provided assurance that they would be able to manage the anticipated increase in colonoscopy volumes required to deliver a national bowel screening programme for a narrower age range as long as they receive:

- a definitive start date with adequate time (a minimum of one year for the most prepared DHBs) to plan and implement the programme
- adequate funding to set-up and deliver the programme.

21 DHBs have indicated that they would either deliver the additional colonoscopies required, and/or outsource to private providers to manage the increased volumes. CT Colonography (or CTC) will also play an important role in assisting DHBs to manage their overall colonoscopy volumes, by providing 'virtual colonoscopies' for clinically appropriate symptomatic referrals.

Benefits of bowel screening for New Zealand

- 22 It is expected that a national bowel screening programme would reduce the mortality rates for bowel cancer in New Zealand by at least 16-22 percent in the age group offered screening after eight to ten years.
- 23 Screening has been shown, both internationally and in New Zealand, to detect cancers at an earlier, more treatable (and less costly to treat) stage. In the pilot, 63 percent of cancers detected are the earlier stages of one or two, compared to 40 percent of colon cancers diagnosed in New Zealand outside of a screening programme. Table 1 shows the stage shift between bowel cancers found across New Zealand compared with those found in the pilot.

Table 1: Stages of cancer – Bowel Screening Pilot and New Zealand.

Stage of diagnosis	New Zealand: Bowel Screening Pilot (2012-2015) aged 50-74		New Zealand: (2007-2008) aged 50-79	
	Stage distribution - No.	Stage distribution - %	Stage distribution - No.	Stage distribution - %
i	78	39%	367	13%
ii	49	24%	774	27%
iii	42	21%	723	25%
iv	16	8%	699	24%
Unknown	17	8%	293	10%
Total	202	100%	2856	100%

- 24 Table 2 shows the variance in average treatment costs between different stages of bowel cancer (based on Irish data, the most comparable data available). This shows that the cost of treatment is significantly less for cancers detected at stage 1 and those detected at stage 3 or 4. Ten percent of cancers detected through screening require no chemotherapy, radiotherapy or further surgery following colonoscopy.

Table 2: Costs of treatment of colorectal cancer stages 1 to 4.

Stage	Lifetime treatment costs (converted to NZ\$)
1	38,833
2	60,950
3	80,057
4	60,003

- 25 Māori and Pacific peoples have a lower rate of colorectal cancer than other populations, and therefore are less likely to benefit from screening as much as other groups. A national bowel screening programme would need to include activities that promote and maximise Māori and Pacific peoples' participation to mitigate inequities in outcomes. Māori and Pacific people participated in Round 1 of the pilot at significantly lower rates than other population groups. Increased efforts to increase participation in these populations in Round 2 have had promising results.

Consequence of delay

- 26 If we delay implementation of a national bowel screening programme further, there is a risk that not only momentum but also workforce capacity and capability from current investment will be lost.
- 27 For each year the start of the programme is delayed:
- there will be a delay in detecting over 700 cancers per annum across New Zealand
 - a cohort of people aged 74 years (over 36,000 people) will not be offered bowel screening in their lifetime.
- 28 The pilot is funded until December 2017. For every year a national bowel screening programme is delayed, continuing services in Waitemata in the interim will cost \$6 million per annum. With a revised service model and as part of a national bowel screening programme, costs to deliver services to Waitemata will be considerably less.
- 29 There is widespread public support for the introduction of national bowel screening. In 2012, a national baseline survey of people within the eligible screening population (excluding Waitemata DHB) was undertaken. Over 75 percent of people surveyed agreed that it is important to check for bowel cancer even if you do not have symptoms. Three quarters (76 percent) said they were likely or very likely to participate in a bowel screening programme.

Next Steps: Business case for Budget 2016

- 30 Given Government investment in the pilot, in reducing colonoscopy waiting lists and in workforce development since 2012, and the fact that New Zealand is one of the only OECD countries without a national bowel screening programme, I remain committed to proceeding with this process. The consultation has confirmed that DHBs and other providers welcome the opportunity to provide bowel screening services to their populations and they can demonstrate their preparedness.
- 31 The consultation findings are being used alongside data from the pilot, international best practice and advice from national and international experts, to develop a programme business case for the implementation of a national bowel screening programme. This business case will be finalised and submitted to Ministers in February 2016 as part of final Budget 2016 considerations.
- 32 The business case for a national bowel screening programme (in line with The Treasury's requirements) will include:
- Strategic Case, outlining the rationale for bowel screening
 - Economic Case, including a thorough options analysis and analysis of IT requirements
 - Financial Case, including full costings
 - Commercial Case, with a procurement strategy

- Management Case, including governance structures and proposed implementation timeframes.

33 The Ministry is also undertaking the Cost Benefit Analysis Assessment (CBAx) as part of the development of the budget bid.

Social Investment

34 Screening programmes exhibit many of the characteristics of a social investment approach as they are people and population focused and based on compelling international evidence about the effectiveness of investing up-front to prevent or intervene early in the development of potentially fatal diseases.

35 For bowel cancer, the primary objective of investment is to reduce the mortality rate by diagnosing and treating bowel cancer at an early curable stage. Benefits and measurable outcomes include reduction in incidence and mortality.

Consultation

36 The Treasury was consulted in the development of this paper. Their comments are included below.

37 Te Puni Kokiri, Ministry of Pacific Island Affairs and the Department of the Prime Minister and Cabinet were informed.

38 In December 2015, the Ministry will meet with other agencies including Te Puni Kokiri, Ministry of Pacific Island Affairs, the Ministry of Social Development, Office of the Government Chief Information Officer and the Department of Corrections to discuss the business case and seek their input in its development.

Treasury Comment

39 The business case for the national roll-out, once completed, should be considered alongside all other bids for new funding for cost pressures and new initiatives as part of the usual Budget process. We note that the timing of the final evaluation of the pilot, including analysis of its cost effectiveness, will not be completed before Budget 2016 making the proposed timeline for delivering the business case highly challenging.

Financial Implications

40 The Ministry is preparing a business case which will be submitted to Ministers in February 2016 as part of final Budget 2016 considerations. The business case will confirm the costs and key components of a national bowel screening programme.

Human Rights

41 There are no human rights implications from this paper.

Legislative Implications

42 There are no legislative proposals in this paper.

Regulatory Impact Analysis

43 The Regulatory Impact Analysis requirements do not apply to this paper.

Gender Implications

44 There are no gender implications. Bowel screening will apply to both men and women in the age-eligible population.

Disability Perspective

45 The design of the bowel screening programme will include provision for people with disabilities who may need assistance to complete tests.

Publicity

46 There is strong media interest in the issue of bowel screening in New Zealand due to the high level of public support for a national bowel screening programme.

47 Publicity of any decision about a national bowel screening programme would need to provide at least one year's notice to the next DHB to commence bowel screening.

Recommendations

I recommend that the Committee:

- 1 **Note** in July 2015 Cabinet agreed that the Ministry should consult with the health sector on the national service delivery model, service configuration and associated workforce and infrastructure needs, to inform a business case for the delivery of a national bowel screening programme [SOC Min (15) 14/7].
- 2 **Note** that Cabinet requested a report back in December 2015 on the outcomes of the health sector consultation.
- 3 **Note** that New Zealand is one of the only OECD countries without a national bowel screening programme.
- 4 **Note** the consultation with the health sector revealed strong support for the introduction of a national bowel screening programme.
- 5 **Note** that there is a need to maintain momentum towards implementing a national bowel screening programme, particularly giving Government investment in the Waitemata bowel screening pilot, in reducing colonoscopy waiting lists, and in workforce development.
- 6 **Note** the Ministry is preparing a business case which will be submitted to Ministers in February 2016 as part of final Budget 2016 considerations and this will confirm the costs and key components of a national bowel screening programme.
- 7 **Note** publicity of any decision about a national bowel screening pilot would need to provide at least one year's notice to the next DHB to commence bowel screening.

Hon Dr Jonathan Coleman
Minister of Health

