



## **Bowel Screening**

Check Yourself Out

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# **SERVICE SPECIFICATIONS**

## **Primary Care Support for the National Bowel Screening Programme**

### **1. Outcomes Framework**

This Service Specification outlines the contracted services to be provided by general practice – through General Practitioners (GPs), Nurse Practitioners or Practice Nurses – to discuss positive fecal immunochemical test (FIT) results with participants of the National Bowel Screening Programme (NBSP) and to make a referral for a screening colonoscopy or advise the HBDHB if the participant has elected a private colonoscopy or refused further assessment, within ten (10) working days of the receipt of the result. The HBDHB will fund the general practice, through Health Hawke's Bay (PHO), for this service.

### **2. Background**

The NBSP is being progressively rolled out throughout New Zealand. The programme aims to save lives by detecting cancer at an early stage when it can be treated successfully. The invitation process for the eligible population residing in the Hawkes Bay District will commence in October 2018. Eligible participants are men and women aged 60 – 74 years who are eligible for health services in New Zealand. Priority populations are Māori, Pacific and eligible participants living areas in high socioeconomic deprivation.

Primary care plays a key role in the management and referral for colonoscopy of programme participants who receive a positive fecal immunochemical test (FIT) result. They also have an important role to encourage participation, help achieve equity and raise awareness of bowel cancer symptoms and family history.

#### **2.1 Health Outcomes**

Bowel screening aims to reduce the mortality rate from bowel cancer, by diagnosing and treating bowel cancer at an early stage. The programme will also identify and remove colonic polyps which can be pre-cancerous advanced adenomas, from the bowel before they become cancerous, which can, over time,

lead to a reduction in bowel cancer incidence. 2.2 Māori Health Screening programmes can contribute to ethnic inequalities in health. Although a national bowel screening programme will offer health gains for both Māori and non-Māori, modelling suggests that current implementation will result in more health gain for non-Māori at a population level (reflecting the underlying prevalence of bowel cancer, age of impact, etc.). The National Screening Unit will be gathering and reviewing data as the roll out of the programme proceeds to consider where parameters might be changed to make the programme more pro-equity, taking into consideration the balance of benefits and potential harms (e.g. potentially changing the age range for Māori and Pacific peoples participation).

Māori are often diagnosed with bowel cancer at a more advanced stage than non-Māori, and treatment options are more frequently complicated by a greater co-morbidity burden. At an individual level, eligible Māori, therefore, have the potential to benefit from the prevention, earlier detection, more simple treatment options and better survival outcomes for early stage disease, that result from a screening programme. The evaluation of the Bowel Screening pilot in Waitemata DHB highlighted the importance of active follow up and general practice support to increase participation of Māori (and Pacific peoples). The NBSP National Co-ordination Centre (NCC) have been contracted to carry out active follow up (a reminder letter and phone calls) when test kits are not returned from Māori (and Pacific) participants. Hawkes Bay DHB will work with practices to support strategies to encourage eligible Māori who have not returned a test kit after the active follow up processes have been completed (e.g. provide tools such as dashboard systems to support opportunistic conversations when eligible people present to the practice for any reason or ordering of replacement test kits). Targeted health promotional activities will be carried out and support to screening services, such as transport to appointments if required, will be provided to reduce inequities by enabling fair access to quality services along the diagnostic and treatment pathways.

## **2.2 Health Inequities**

The NBSP seeks to address and minimise inequities. Ensuring that activities are undertaken to promote and maximise Māori and Pacific peoples participation will be critical in mitigating inequities in outcomes. The programme will build on the work of the pilot to increase participation for Māori and Pacific peoples. Actions to ensure equitable participation in bowel screening will include:

- )] Targeted actions to increase participation in bowel screening for Māori, Pacific and people living in high socioeconomic deprivation areas (including local follow up of non-responders, targeted health promotion and media activities, and engagement in community settings such as Marae and churches);
- )] Primary care involvement in promoting participation and managing positive results. Health Hawke's Bay (PHO) will work with primary care to develop strategies to identify and encourage individuals who have not returned the FIT kit;
- )] Primary care can support activities to reduce inequities through follow up and referral of positive FIT tests and encouraging participation of priority populations in their practices, and by
- )] Providing support to ensure equity of access throughout the diagnostic and treatment pathway.

### **3. Purpose and Scope**

The purpose of the service is to ensure that all participants in the NBSP are:

- ) Notified of a positive result by their primary healthcare team within ten (10) working days of the receipt of the result by the general practice,
- ) Are referred appropriately in the event of a positive result.

GPs at the general practice with whom the participant is enrolled will receive FIT test results from the testing laboratory. It is the responsibility of the GP (or Practice Nurse) to discuss positive results with the participant (by phone or face-to-face) within ten (10) working days of the receipt of the result and to make a referral for a screening colonoscopy. If the participant has elected a private colonoscopy, refused further assessment or is unsuitable or ineligible for colonoscopy, an information referral is to be made to the NBSP using the eReferral form.

### **4. Service Users**

Service users are NBSP participants aged between 60 – 74, who live in the Hawke’s Bay District and are eligible for publically funded health care in New Zealand.

#### **4.1 Priority Population**

Priority populations are Māori, Pacific and populations living in areas of high socioeconomic deprivation.

#### **4.2 Exclusions**

Symptomatic patients are excluded from the service; any symptomatic patients are to be referred to the HBDHB symptomatic service. Patients are defined as symptomatic, and should not be part of the NBSP, if:

- ) They have had symptoms of bowel cancer;
- ) Have had a colonoscopy in the last five (5) years;
- ) Are currently being treated for bowel cancer;
- ) Have had the large bowel removed;
- ) Are already enrolled in a bowel polyp or bowel cancer surveillance programme;
- ) Are currently being treated for ulcerative colitis or Crohn’s disease or are under specialist surveillance.

## 5. Access

Screening programme invitations will be sent to eligible participants by the NCC over the first two (2) years of the programme. Invitations will be phased according to the date of birth of the participant. Invitations for re-screening will also be sent to eligible participants every five (5) years by the NCC. Service users will remain eligible to access the service until such time as they

- ) reach the age of 74; or
- ) Choose to exit the Service; or
- ) No longer reside in the Hawke's Bay District; or
- ) Are deceased

## 6. Service Components

### 6.1 Settings

The service covered in this specification will be delivered in the Hawkes Bay district, in a primary care setting (general practice) for eligible service users.

### 6.2 Processes

General Practices across the HBDHB region may claim for the management of positive FIT results for eligible service users through the PHO. The management of positive results includes:

- ) Contacting the service user to inform them of the positive result;
- ) Informing the service user of the need to proceed to a colonoscopy;
- ) Informing the service user of the conditions under which they may not choose/be referred on to colonoscopy, i.e. the service user is palliative, already on surveillance programme, etc.
- ) Providing information and support to the service user as required;
- ) Completing a Hawkes Bay Bowel Screening Programme referral for colonoscopy or notification of clinical management, including:
  - o referral to HBHDB for NBSP colonoscopy;
  - o referral for private colonoscopy;
  - o notification that the service user has declined any further investigations;
  - o notification that the service user has been deemed clinically unfit for further investigations, e.g. clinical exclusions apply or the service user is a palliative patient.
- ) Forwarding the referral to HBDHB for booking and scheduling a colonoscopy.

Contact with the service user for the notification of a positive FIT result may only be made by a GP or a Practice Nurse; the contact and discussion may occur over the telephone or in a face-to-face consultation.

The NBSP will accept referrals for colonoscopy from GPs, Nurse Practitioners or Practice Nurses.

The PHO will supply the NBSP the date on which the general practice provided the service, to assist with the evaluation of the service delivery model.

### 6.3 Service Levels

All approved service providers will be required to use the correct referral procedures.

### 6.4 Cultural Considerations

The service will be delivered with respect to the cultural needs of the service user. The service must recognise the commitment to partnership and participation as embodied in the Treaty of Waitangi.

## 7. Service Linkages and Accountabilities

Linkages	Nature of Linkage
HNDHB NBSP staff including nurse coordinator, clinical leads practice team liaison staff, health providers.	To discuss clinical management, surveillance or follow up of service users
NBSP National Co-ordination Centre (NCC)	Supporting activities to follow up with service users (e.g. through the provision of current contact information for service users if requested)
NBSP National FIT Laboratory LabPlus Auckland	Supporting activities to follow up with service users (e.g. through the provision of current contract information for service users if requested)
NZ Familial Gastrointestinal Cancer Service	Referral of service users as required

## 8. Quality Requirements

### 8.1 Problem Resolution

The PHO, using best endeavors and in conjunction with the NBSP, will work closely with general practices that do not complete the referral process within the required timeframe to reach a resolution.

### 8.2 Engagement with Practices

The PHO will liaise with NBSP to ensure all relevant communication is promulgated to general practices in a timely manner. The PHO will provide a facilitation role regarding clinician components or issues that may arise in service delivery.

## 9. Purchase Units

The following purchase units apply to this service. Purchase units are defined in the Nationwide Service Framework Data Dictionary.

PU CPDE	PU Description
BSP010	Diagnostic Procedure - NBSP

## 10. Reporting Requirements

You are required to provide a quarterly report in the format specified below:

Reporting Requirements
Number of individuals advised of a positive FIT result.
Number of individuals referred for to HBHDB for a NBSP colonoscopy
Number of individuals referred for private colonoscopy
Number of individuals who chose not to participate further
Number of individuals who are deemed clinically unfit for further investigations

The provider may also provide a narrative report, as required, that includes:

- ) Any issues and/or concerns regarding:
  - o Referral pathway and/or feedback from secondary care;
  - o Laboratory results and/or processes;
  - o Feedback regarding outcome and/or treatment;
  - o Equity of access across different population groups
- ) General feedback and/or concerns.

In addition to quarterly reporting (above), the provider will also provide disaggregated service data (see template: Appendix A) to the HBDHB on the same timeframes. This service data will be emailed to the Contract Management Team: [contracts@hawkesbaydhb.govt.nz](mailto:contracts@hawkesbaydhb.govt.nz)

### 10.1 Reporting timeframes

The following timeframes apply to all quarterly reports:

Reports for each Quarter	Reports due By
Quarter ended 30 September	20 October
Quarter ended 31 December	20 January
Quarter ended 31 March	20 April
Quarter ended 30 June	20 July

Payments may be suspended if reports are not received by the due date.

Appendix A

<b>Ethnicity</b>	<b>Number of claims for positive FIT results</b>	<b>Number of individuals referred for to HBDHB for a NBSP colonoscopy</b>	<b>Number of individuals referred for private colonoscopy</b>	<b>Number of individuals who chose not to participate further</b>	<b>Number of individuals who were deemed clinically unfit for further investigation</b>
Maori					
Pacific Island					
Asian					
Other					

# The Bowel Screening Pathway



National Bowel Screening Programme

