

# Bay of Plenty

# National Bowel Screening Programme

# Guide for Primary Care

**Acknowledgement:** Thank you to Taranaki, Hawkes Bay and Hauora Tairāwhiti NBSP teams for sharing their 'Guide for Primary Care'.

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## Purpose

The purpose of this guide is to ensure that the primary care sector has information to support patients participating in the National Bowel Screening Programme (NBSP) within the Bay of Plenty District Health Board (Bay of Plenty DHB), the boundaries of which are indicated on the map below.



### Exclusions:

- Participants who have bowel symptoms and who are not eligible or who have not been invited to participate in the NBSP please refer to the symptomatic pathway on page 19.
- Participants who live outside the Bay of Plenty DHB district – please contact the appropriate DHB or PHO of residence for their processes, as there may be some differences. Advice and guidance can be given by the Bay of Plenty NBSP Clinical Nurse Specialist (CNS).

# About the National Bowel Screening Programme

New Zealand has one of the highest rates of bowel cancer in the world. Regular bowel screening can save lives by helping find cancer early when it can often be successfully treated.

The National Bowel Screening Programme (NBSP) in Bay of Plenty has an indicative start date of November 2021. This free programme will check for the early signs of bowel cancer. It is offered to men and women aged 60 -74 who are eligible for publicly funded healthcare.

## Objectives of the NSBP

The two key objectives of the NBSP are to:

- Diagnose and treat bowel cancer at an early curable stage.
- Identify and remove pre-cancerous lesions before they become cancer.

The key investment objectives are to:

- Achieve a greater mortality reduction from bowel cancer.
- Promote equity between population groups.
- Deliver bowel screening in a manner that is acceptable and encourages participation.
- Maximise benefits vs. harm.
- Deliver a safe, high quality programme which is consistent nationally.

The NBSP is an invitation-based programme coordinated by the National Screening Unit in Wellington, with participants carrying out screening themselves at home. The invitation pack includes a brochure and encourages participants to contact the NBSP National Coordination Centre (NCC) who have staff able to talk through the kit in a range of languages and access to interpreter services.

Age	When will they get their invitation?
59	Around their 60 <sup>th</sup> birthday, regardless of their birth date
60-73	Around their birthday. If they have an even birthdate (e.g., 2 <sup>nd</sup> , 14 <sup>th</sup> , 26 <sup>th</sup> of the month) they will receive an invitation in year 1 (Nov 2021- Nov 2022). If they have an odd birthdate (e.g. 3 <sup>rd</sup> , 15 <sup>th</sup> , 27 <sup>th</sup> of the month) they will received an invitation in Year 2 (July 2022- July 2023). This applies to the first round of screening only to assist with a smooth transition to the NBSP.
74	Shortly before their 75 <sup>th</sup> birthday (if they have not already been invited to screen)

The Faecal Immunochemical Test (FIT) detects traces of blood in bowel motions. Participants with negative results are returned to the screening programme to be recalled in two years. Positive results are referred to primary care for management and further investigation.

The NBSP is designed for asymptomatic participants. If a person is experiencing concerning bowel symptoms, then the general practitioner (GP) should refer them for investigations using the symptomatic pathway.

## **Māori, Pacifica and deprivation 9 and 10 participants**

The NBSP has identified priority populations as Māori, Pacifica and those residing in deprivation 9 and 10. The role of general practice includes encouraging and promoting participation in the NBSP to these priority group populations.

Following a discussion with a GP a FIT can be ordered for eligible participants in these priority groups outside of the NBSP invitation strategy i.e the participants birth date. The GP can arrange for a FIT to be sent to the participant by contacting the NCC on 0800 924 432 or via the patient prompt or Dashboard tool in some practice management systems.

If a participant with a positive FIT requires cultural or other support, please include this information in the referral information.

### **Equity of outcome for Māori**

The health of Māori is a priority area. Strategies to ensure the health of Māori is improved are essential to equity of health outcome for all New Zealanders. While incidence of bowel cancer for Māori is lower than non-Māori, there is a higher risk that if diagnosed with bowel cancer, Māori are more likely to die of the disease than non-Māori. Early detection of bowel cancer through a screening programme may improve survival for Māori, and primary care service delivery will be expected to meet the needs of Māori by:

- a) reducing barriers to accessing the services
- b) culturally accepted practices
- c) recognising the needs of the individual and whānau
- d) developing and working with Māori health providers to ensure eligible population is aware of programme and seeks treatment
- e) ensuring accurate ethnicity data is recorded

### **Pacific Health**

The Service must recognise and be responsive to the needs of Pacific people. This includes ensuring access to culturally appropriate services for Pacific people.

### **Deprivation 9 and 10**

Additionally, the NBSP regards those people residing in deprivation 9 and 10 as a priority population regardless of ethnicity.

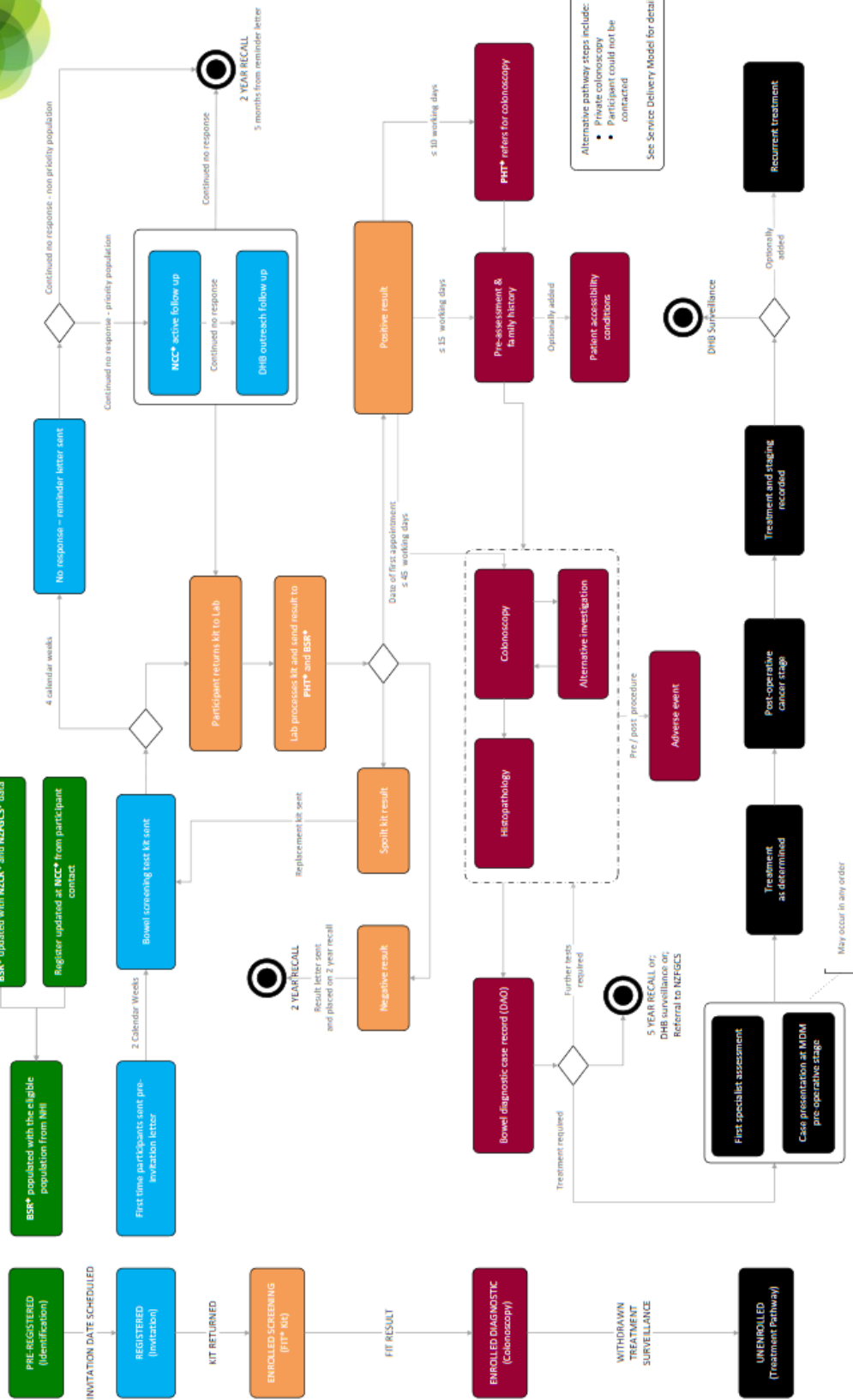
## Quick Facts

<b>Who is eligible?</b>	Men and women aged 60-74 who are eligible for public healthcare
<b>How will the participant receive the test?</b>	Through the post from the NBSP National Coordination Centre
<b>How will the participant find out about a negative FIT result?</b>	A letter from the NBSP National Coordination Centre
<b>How will the participant find out about a positive FIT result?</b>	Being phoned or seen by their general practice
<b>Do I have to refer all positive results?</b>	The NBSP positive FIT e-Referral should be completed for ALL positive results, regardless of how the participant chooses to proceed
<b>How is a GP paid for managing a positive FIT result?</b>	<ul style="list-style-type: none"> <li>• GPs will be paid \$60 + GST for managing a positive FIT.</li> <li>• Payment will be made by Bay of Plenty DHB, via PHO's</li> <li>• General practices outside Bay of Plenty DHB will need to send the paper referral form and claiming form to the NBSP CNS via <a href="mailto:bowelscreening@bopdhb.govt.nz">bowelscreening@bopdhb.govt.nz</a></li> <li>• General practices that do not use BPAC e-Referral will need to use a paper referral form and claiming form and send to the NBSP CNS via <a href="mailto:bowelscreening@bopdhb.govt.nz">bowelscreening@bopdhb.govt.nz</a></li> <li>• Murupara can refer to either Lakes DHB or Bay of Plenty DHB using their equivalent BPAC e-Referral</li> <li>• Waihi Beach Medical Centre can choose either Bay of Plenty DHB or Waikato DHB using their equivalent e-Referral</li> </ul>
<b>Can a patient purchase a bowel screening test privately (e.g. from a community pharmacy)?</b>	Some pharmacies sell a similar test kit. These are not Ministry of Health approved, and do not fall under the NBSP. If a patient chooses to purchase one of these tests and receives a positive result, they will not receive a funded colonoscopy through the NBSP and will have to pay to have a private colonoscopy.

# The NBSP Pathway



- BSR: Bowel Screening Register
- NZCR: New Zealand Cancer Registry
- NZFGCS: New Zealand Familial Gastrointestinal Cancer Service
- FIT: Faecal Immunochemical Test
- PHT: Primary Healthcare Team
- NCC: National Co-ordination Centre



# How the FIT is completed

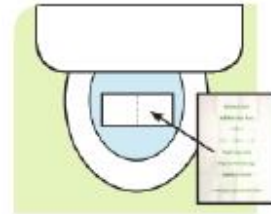
It is suggested that participants complete the test on Monday-Wednesday to avoid it sitting in the post box over the weekend.



- 1** Fill in the **consent form**. Write the **date** you do the test on the consent form.



- 2** Peel off one **yellow barcode sticker** from the consent form and **stick** on the flat side of **tube**.



- 3** Urinate (pee) and then flush toilet. Put some toilet paper in toilet. **Now put sample sheet on top of paper.**



- 4** Do **bowel motion (poo)** on **sample sheet**. Now be quick - before it sinks.



- 5** Twist lid off tube. **Scrape end of stick over bowel motion** so end of stick is well covered. This amount is enough.



- 6** Carefully put stick back into tube. Push lid down to **click** shut. **Do not open again.** Flush bowel motion and sample sheet down toilet. Wash and dry hands well.



- 7** Put tube into zip-lock bag. Make sure bag is well sealed.



- 8** Put **zip-lock bag** with **tube** and **consent form** into reply-paid envelope and seal it.



- 9** Keep in a cool place until you post it. It does not need to be kept in the fridge. **Post as soon as possible.**

There are no dietary or medication exclusions to do the FIT, it can be done at any time of day.



If a participant requires advice regarding the completion of the FIT, they can contact the Bay of Plenty NBSP 24 hour helpline on 027 209 4672 or via [bowelscreening@bopdhb.govt.nz](mailto:bowelscreening@bopdhb.govt.nz).

## Who should not complete a FIT

These participants should not complete a FIT through the NBSP:

- If there is blood in their urine or after a bowel motion
- Have symptoms of bowel cancer
- Have had a colonoscopy within the last five years
- Have had or are currently being treated for bowel cancer
- Have had all of their large bowel removed
- Have ulcerative colitis or Crohn's disease that is currently active
- Are being investigated for other bowel problems.

Eligible participants are identified initially from NHI and National Enrolment Service (NES) in the Bowel Screening Register along with data from the New Zealand Cancer Registry (NZCR) and the New Zealand Familial Gastrointestinal Cancer Service (NZFGCS). Patients on NZCR and NZFGCS should already be on a surveillance pathway.

Participants who have any of the above history or conditions and who do complete a FIT and return a positive result will be reviewed at pre-assessment appointment, discussed with the Clinical Lead NBSP and may be withdrawn from the NBSP and registered on the symptomatic pathway. The participant and the general practice will be informed of this.

GP's can inform the NCC on 0800 924 432 or via the patient prompt tool in some patient management systems where patients have co-existing serious illness and screening may not be appropriate.

**The FIT is only for the NBSP, any patient with symptoms needs to be referred as per the symptomatic pathway.**

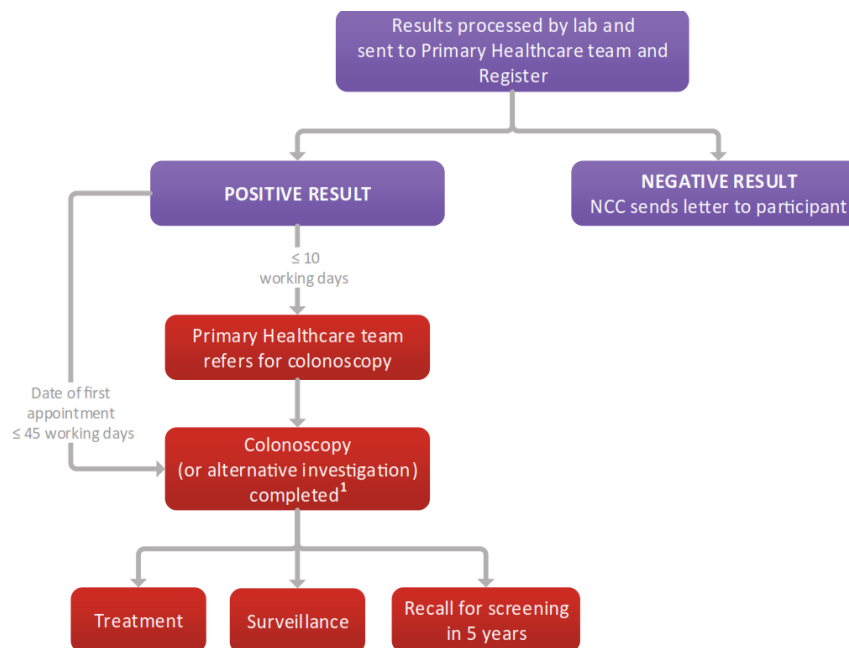
# Role of Primary Care

There are two role's that GP's play within the NBSP:

1. **To promote the NBSP** to the enrolled eligible population by encouraging the completion of a FIT when invited to participate. Further, to opportunistically encourage priority population groups (Māori, Pacific, and deprivation 9 and 10) to complete a FIT. Access to practice management system support prompt tools may assist with the discussion for patients who are overdue for bowel screening.
2. **Advise patients of positive FIT results**, to discuss the implications, provide information and support and to refer them for a colonoscopy, or provide an *information only* referral if not proceeding to colonoscopy. The GP is expected to indicate whether there is a family history of bowel screening on the referral.

Referral to be sent using BPAC e-Referral (or paper referral form where e-Referral is not available), see page 16 for further details.

No action is required by a GP for negative results as the NCC notifies the patient directly.



## Receiving positive FIT results

General practices are responsible for the management of positive FIT results and are required to refer all positive FIT result participants to the Bay of Plenty DHB regardless of the plan. A positive result does not mean that the patient has cancer. It is expected that 7 out of 100 people will have a positive result.

The provider named on the patient's consent form will be sent an electronic result notification through the Healthlink provider inbox.

The inbox document shows as below:



Day one is when the positive FIT result is first sent from the testing laboratory and appears in the inbox of the general practice.

The patient needs to be contacted and notified of the positive FIT result and suitability for colonoscopy. This would preferably be in person (face-2-face) however a phone call or virtual consultation is acceptable if this is more appropriate for the patient. Do not charge the patient for this positive FIT results appointment, this is free for the patient.

A referral then needs to be sent to Bay of Plenty DHB within 10 working days.

Bay of Plenty DHB will pay \$60 +GST following the completion and receipt of an e-Referral or paper referral if BPAC system is not utilised. See "Payment for positive FIT results" section.

Where a participant may be unsuitable or needs support to safely and successfully complete bowel preparation for colonoscopy, notify the NBSP CNS at Bay of Plenty DHB via the referral or email to [bowelscreening@bopdhb.govt.nz](mailto:bowelscreening@bopdhb.govt.nz). A review with the NBSP Clinical Lead will occur to determine the most appropriate follow-up and the GP will receive an outcome letter following this review.

### **What if positive FIT results are received where a patient is not known at the practice?**

Contact the NCC on 0800 924 432 if the patient is "unknown at this practice". The NBSP CNS at Bay of Plenty DHB will follow-up if the patient's GP is unknown after 10 days.

## Guidelines for patient portal use

Does your practice have a patient portal system such as ManageMyHealth or myIndici?

For both FIT kit results and colonoscopy results, it is highly recommended to refrain from uploading the lab results onto your Patient Portal until after the patient has been independently advised of the result (either in person or by a letter from the NCC). This is to avoid the patients finding out about positive results online without receiving all the appropriate information, which may cause the patient distress.

Here are three options to ensure the patient doesn't accidentally find out their result before we have a chance to tell them:

- Read the result and temporarily leave it in your inbox, whilst you wait to notify patient.
- Read the result, and if you are happy for patient to see, then click "file result".
- Read result then tick on "DO NOT UPLOAD" tab (wording will change depending on the platform) then click "file result". This is when you want to notify patient first. Once you have completed communicating the result in person with the patient, go in and remove the tick from the "DO NOT UPLOAD" tab.

## Positive FIT Results Consultation

Your bowel screening test result is positive. This means that some blood has been found in your poo.

*So why is there blood?*

Small amounts of blood in your poo are most commonly caused by polyps (growths) or piles.

*Have I got cancer?*

Most people with this result do not have cancer, due to earlier detection will be more likely to have a more successful outcome. Any family history is important to know.

*What will happen next?*

The way to find out for sure is to do a further test which will usually be a colonoscopy. The bowel screening Clinical Nurse Specialist will contact you for a pre-assessment when your referral has been received. You will have to complete bowel preparation. You will have some medicine to make you feel sleepy and comfortable and a thin tube with a very small camera on the end will go into your bowel through your bottom. If polyps (growths) are found, these will usually be removed, and samples will be sent to the lab

Taking out the polyps is a way for cancer to be prevented as most cancers grow out of polyps.

*Is it safe and what are the dangers?*

Colonoscopy is usually safe but occasionally bleeding or damage to the bowel can result. So, it is especially important that you let the hospital know immediately if you have any problems whatsoever after your procedure.

The colonoscopy and this GP visit/call is free for you.

# Referral and management of positive FIT

All positive results need to have a referral form completed within **10 working days** of the positive FIT being received by the general practice.

Either a GP or delegated registered nurse can undertake positive FIT management (including referral to secondary care). It is up to individual practices to determine which clinical staff are appropriate to be involved with the NBSP.

A positive FIT assessment includes the following with the patient:

- any current bowel symptoms,
- family history of colorectal cancer, familial or hereditary syndromes or polyps.
- current medical or surgical history
- current medications (warfarin, other anticoagulants, insulin, antihypertensives may need to be modified prior to procedure as guided by pre-assessment appointment)
- patients ability to tolerate bowel preparation
- any psychosocial issues that may make attendant to the colonoscopy procedure challenging including language barrier.

Family history is important however referrals can be submitted without this if this information is not available.

A creatinine within the last three months is helpful but not essential. If you are able to arrange this, please make a note of this on the patient referral.

Referrals should be made to the NBSP via:

- BPAC “National Bowel Screening Programme positive FIT” e-Referral for patients domiciled in Bay of Plenty.
- The paper referral form from Appendix 1. Please only use this if the BPAC e-Referral **is not available** in your practice.
  - Scan the paper form and email to [bowelscreening@bopdhb.govt.nz](mailto:bowelscreening@bopdhb.govt.nz)

## **At Day 11:**


If a GP does not make a referral within ten working days, responsibility for follow-up transfers to the NBSP CNS at Bay of Plenty DHB. Telephone contact to the participant’s general practice will be made to find out if any contact has been made with the patient and identify the best way to support engagement with the patient. Contact with the patient to fully inform them about their test results and the risk of opting out of a colonoscopy will be done by the NBSP CNS if the patient declines.

If the NBSP CNS is still unable to contact the patient after 3 attempts, Bay of Plenty DHB outreach team will assist with engagement and the case placed “on hold” for 6 months. The participant will return to two yearly screening if contact is unsuccessful by outreach team. The NBSP CNS will notify the general practice of this, so the practice may do opportunistic follow up when the participant next presents.

## **What if the participant chooses to use a private provider?**

Some participants may choose to have a colonoscopy in the private sector. If this is the case, notification to the NBSP CNS at Bay of Plenty DHB is still required:

An 'information referral' using the same NBSP FIT positive e-Referral indicates to the NBSP CNS that the participant has been referred to a private provider. It is the responsibility of the general practice to make the referral to the private provider.

Discussion has been held with the patient about the positive FIT Result	<input checked="" type="radio"/> Yes <input type="radio"/> No				
<b>Private:</b>					
Patient has been referred to a private specialist	<input checked="" type="radio"/> Yes <input type="radio"/> No				
<b>Decline:</b>					
 Patient declines a colonoscopy	<input type="radio"/> Yes <input type="radio"/> No				
<i>Note: Form is complete. Please send and the National Bowel Screening service will follow up with this patient.</i>					
<a href="#">Referral Details</a>	<a href="#">Patient Details</a>	<a href="#">Specialty</a>	<a href="#">Clinical Details</a>	<a href="#">Investigations</a>	<a href="#">Referrer Details</a>

The NBSP CNS at Bay of Plenty DHB should be notified the patient has been referred to a private provider, inclusive of the provider's name. General practices who do not access BPAC e-Referral should use the paper form in Appendix 1. These patients will be contacted by the NBSP CNS at Bay of Plenty to confirm their choice and the private provider's name.

The NBSP will assume that a patient who chooses to exit the programme for a private colonoscopy, has undertaken the procedure. If they are still eligible then they will receive a further invite in five years.

## Participants not wishing to participate in the NBSP

### After a positive FIT

A participant may not wish to remain in the NBSP following a positive FIT and request no further invitations be sent. If this is identified at the time of the GP contact, sending the e-Referral (or paper referral) is still required to state the participant's wishes and to claim payment if within the 10 days. A letter confirming the withdrawal from the NBSP will be sent to the participant and the GP. If a participant withdraws at this point, they need to seek re-enrolment if they want to participate at a later date.

### At any other time

A participant can withdraw from the NBSP at any time by calling NCC on 0800 924 432 to stop receiving letters and invitations. A GP may also notify the NCC of a participant wishes by calling the NCC or via patient prompt or Dashboard in some practice management systems.

## BPAC e-Referral screenshots

Referral To	
Refer To	National Bowel Screening Programme Positive FIT
Urgency	Semi-Urgent
Attention	
Company	National Bowel Screening Programme
Address	Bay of Plenty DHB Bowel Screening Service
Phone Number	027 209 4672
Fax Number	

Positive FIT
The National Bowel Screening service is for patients who are aged 60 to 74 and eligible for publicly funded health care.
Bay of Plenty DHB Bowel Screening Service Mobile 027 209 4672
<b>Patient Must</b> Have received a Positive FIT from the National Bowel Screening programme.
<b>Exclusion Criteria</b> FIT tests from any other source must be referred to the Gastroenterology department.
<b>Referral to include</b> Note: If possible, please request eGFR/ Creatinine and Sodium/Potassium if not had a normal renal and electrolyte function test within the past 6 months.  This supports participant safety when taking bowel preparation.
<b>Resources and Links</b> Patient resource: <ul style="list-style-type: none"><li><a href="#">Your bowel screening test is positive</a></li></ul> Clinician resource: <ul style="list-style-type: none"><li><a href="#">Bay Of Plenty NBSP Primary Care Guide</a></li><li><a href="#">Quick reference guide for primary Healthcare Teams</a></li></ul>

Patient Information:
Patient has a positive FIT from National Bowel Screening <input type="radio"/> Yes <input checked="" type="radio"/> No
<b>STOP: this form is only for use for National Bowel Screening patients.</b> For access to colonoscopy for symptomatic patients with suspected bowel cancer and non - symptomatic patients for surveillance, use the direct access to colonoscopy referral form.



**Patient Information:**

Patient has a positive FIT from National Bowel Screening  Yes  No

This patient is enrolled in this practice?  Yes  No

This patient is enrolled in this practice but has been unable to be contacted in the 10 day period?  Yes  No

Discussion has been held with the patient about the positive FIT Result  Yes  No

**Private:**

Patient has been referred to a private specialist  Yes  No

**Decline:**

Patient declines a colonoscopy  Yes  No

**Patients eligibility for colonoscopy needs review if:**

Colonoscopy/CT Colon in the last 5 years (please attach imaging report)  Yes  No

Report attached?  Yes  No

Comments

Is on the bowel cancer surveillance programme  Yes  No

Has had or been treated for bowel cancer  Yes  No

Date of diagnosis  Comments

Has a colostomy / colectomy  Yes  No

Comments

Has ulcerated colitis or crohns disease  Yes  No

Comments

**Family History**

Family History of colorectal cancer  Yes  No  Unknown

Relationship	Number	Youngest age @ Dx	Comments
1st Degree	<input type="text"/>	<input type="text"/>	<input type="text"/>
2nd Degree	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Fitness for community bowel preparation:**

Fitness for community bowel preparation  Yes  Concerns  Unknown

Concerns:

Artificial heart valve?  Yes  No      Anticoagulation medication?  Yes  No

Antiplatelets?  Yes  No      Diabetes medication?  Yes  No

Name of anticoagulant       Indication for anticoagulant

Name of antiplatelet       Indication for antiplatelet

**Please check the Clinical Details page is up-to-date and attach relevant investigations**

Comments

Please detail any psychosocial conditions that may impact on the patient's ability to attend appointments or complete the procedure

## Non-contactable patients

If a positive result is received by general practice, they have **ten working days** to contact the participant to explain the results. If the participant is unable to be contacted within this time, responsibility will transfer to the NBSP CNS at Bay of Plenty DHB who will make further attempts to contact the participant regarding their positive result.

While in these cases, the general practice does not need to complete the BPAC e-Referral (or paper referral and claim form) it is encouraged to provide as much information as possible to the NBSP CNS. The participant must not be charged as the NBSP is free for the participant.

## Active follow up for priority group patients

Active follow up is intended to support participation of priority groups who did not return a FIT. Active follow up is undertaken by staff at the NCC.

Phone calls are made to participants who have not responded to the initial invitation or reminder letter within four weeks. During the call NCC staff check that the FIT kit has been received; resend FIT kits if needed, provide answers to any questions, and encourage return of the FIT. Three communication attempts will be made by the NCC over a four-week period.

If participants are not able to be contacted, they are referred to Bay of Plenty DHB for outreach follow up. The outreach team will attempt to contact participants and advise the NCC of any actions that are required, i.e. resending FIT kits, placing the participant on recall or removing them from the register. If participants have still not returned a FIT kit after a further five months, they will be placed back on recall to be invited to participate again in two years' time.

## Payment for management of a positive FIT

Participation in the NBSP is free and hence there is to be no charge to participants.

The fee for management of a positive FIT is: **\$60 + GST (\$69 including GST)**.

GPs are not to charge the participant for the appointment time when they inform them of their positive FIT result. This includes:

- After-hours charges
- Surcharge
- Co-payment

**Payment of this fee can be claimed for referring patients within 10 days of a positive FIT who:**

- accept to progress with NBSP screening colonoscopy referral
- choose a private provider (information referral)
- do not meet the referral criteria (information referral)
- decline to continue with colonoscopy (information referral)
- has a clinical state where colonoscopy is not an appropriate investigation
- for patients that are not yet fully enrolled (e.g. because of a slight lag after the patient moves GP).

## Claiming for management of a positive FIT

Bay of Plenty DHB via their PHO will pay general practices \$60 + GST (\$69 including GST) to speak with a participant regarding their positive FIT and send a referral (via BPAC e-Referral or if the general practice does not use BPAC e-Referral then using paper form in Appendix 1, sending it to [bowelsscreening@bopdhb.govt.nz](mailto:bowelsscreening@bopdhb.govt.nz))

- If BPAC e-Referral is used GPs no separate claiming is needed
- For general practices outside the Bay of Plenty DHB that have a participant resident within Bay of Plenty or those who do not access the BPAC e-Referral system please complete the paper claiming form in Appendix 2 and scan and email the form to [bowelsscreening@bopdhb.govt.nz](mailto:bowelsscreening@bopdhb.govt.nz)

A valid GP practice claim to their PHO must include:

1. Consultation with the participant
2. Notification to the Bay of Plenty DHB of the positive result and the management decision
3. If appropriate, referral for colonoscopy with participant agreement.

Confirmation that:

1. Participant is not already on active surveillance with Bay of Plenty DHB
2. Participant has not had a colonoscopy in the last twelve months.

## Symptomatic and surveillance pathways

Participants who return a negative FIT and are still concerned about their bowel health cannot be referred through the NBSP pathway. General practices are however, encouraged to consider whether the participant qualifies for a referral to the existing Symptomatic or Family History Surveillance pathways. This also is relevant for any patient who is concerned about their bowel health and is outside the age range of the NBSP.

### Symptomatic

DESCRIPTION	BPAC e-Referral name:
Known or suspected Colorectal cancer (imaging, or palpable, or visible on rectal examination)	Direct Access to lower GI Endoscopy/CT Colonography (including those with suspected bowel cancer)
Altered bowel habit (looser and/or more frequent) >6 weeks duration <ul style="list-style-type: none"> <li>• ≥ 50 years, OR</li> <li>• 40-50 years with unexplained rectal bleeding</li> </ul>	Direct Access to lower GI Endoscopy/CT Colonography (including those with suspected bowel cancer)
Unexplained rectal bleeding <ul style="list-style-type: none"> <li>• With iron deficiency anaemia, any age, OR</li> <li>• Without iron deficiency anaemia ≥ 50 years</li> </ul>	Direct Access to lower GI Endoscopy/CT Colonography (including those with suspected bowel cancer)

Unexplained iron deficiency anaemia	Direct Access to combined Colonoscopy/Gastroscopy for Asymptomatic Iron Deficiency Anaemia
Suspected/assessment inflammatory bowel disease	Direct Access to lower GI Endoscopy/CT Colonography (including those with suspected bowel cancer)

## Surveillance

### Family history of colorectal cancer

CATEGORY	DESCRIPTION	BPAC e-Referral name:
<b>1</b>	<b><i>Slight increased risk</i></b> One first degree relative with colorectal cancer diagnosed after 55 years of age.	Surveillance not indicated
<b>2</b>	<b><i>Moderately increased risk</i></b> <ul style="list-style-type: none"> <li>One first degree relative with colorectal cancer diagnosed BEFORE 55 years of age, or</li> <li>Two first degree relatives diagnosed at any age.</li> </ul>	Direct Access to Asymptomatic Surveillance Endoscopies (Upper or Lower)
<b>3</b>	<b><i>High risk</i></b> <ul style="list-style-type: none"> <li>Family history of familial adenomatous polyposis (FAP), hereditary non-polyposis colorectal cancer or other familial colorectal cancer syndromes</li> <li>One first-degree relative plus two or more first- or second-degree relatives all on the same side of the family with a diagnosis of colorectal cancer at any age</li> <li>Two first-degree relatives, or one first-degree relative plus one or more second degree relatives, all on the same side of the family with a diagnosis of colorectal cancer and one such relative: was diagnosed with colorectal cancer under the age of 55 years or developed multiple bowel cancers, or developed an extracolonic tumour suggestive of hereditary non-polyposis colorectal cancer (ie, endometrial, ovarian, stomach, small bowel, renal pelvis, pancreas or brain)</li> <li>At least one first- or second-degree family member diagnosed with colorectal cancer in association with multiple bowel polyps</li> <li>Personal history or one first-degree relative with CRC diagnosed under the age of 50, particularly if colorectal tumour immunohistochemistry revealed</li> </ul>	Direct Access to Asymptomatic Surveillance Endoscopies (Upper or Lower)

	loss of protein expression for one of the mismatch repair genes (MLH1, MSH2, MSH6 and PMS2) <ul style="list-style-type: none"> <li>• Personal history or one first-degree relative with multiple colonic polyps.</li> </ul>	
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### Other reasons for surveillance

DESCRIPTION	BPAC e-Referral name:
Personal history of colorectal cancer	Direct Access to Asymptomatic Surveillance Endoscopies (Upper or Lower)
Personal history or adenomatous polyps	Direct Access to Asymptomatic Surveillance Endoscopies (Upper or Lower)
Personal history of inflammatory bowel disease	Direct Access to Asymptomatic Surveillance Endoscopies (Upper or Lower)

For more information, refer to:

- Referral Criteria for Direct Access Outpatient Colonoscopy or CT Colonography document at <https://www.health.govt.nz/about-ministry/leadership-ministry/expert-groups/national-bowel-cancer-working-group/national-bowel-cancer-working-group-documents>
- Guidance on Surveillance for people at increased risk of colorectal cancer: <https://www.health.govt.nz/publication/guidance-surveillance-people-increased-risk-colorectal-cancer>

## Clinical responsibility

**The responsibility for a positive FIT is with the NBSP. This responsibility is delegated to the general practice which receives a positive result for 10 working days, then this devolves to the Bay of Plenty DHB.**

There is no ongoing responsibility for the general practice after 10 days unless the patient with a positive result cannot be contacted. Beyond this timeframe, a positive FIT referral is still encouraged to assist the NBSP CNS at Bay of Plenty DHB.

The NBSP CNS at Bay of Plenty DHB will make 3 attempts to contact the participant, then will communicate with the outreach team to seek further assistance in contacting the participant. The participant will also be sent a letter (copied to their GP) advising them of their result and asking them to contact their GP or Bay of Plenty DHB.

If the participant cannot be contacted within 6 months, the referral for positive FIT management (i.e. colonoscopy will close) and the person can be re-referred if they subsequently present in general practice. The responsibility for following up and managing the patient with a positive result who in this way has not been able to be contacted is with the general practice but the expectation is for opportunistic action only. The participant will also go back into the FIT 2-year invitation cycle.

## General practices outside Bay of Plenty DHB

Because the NBSP is run through DHBs, the responsible DHB is the district in which the participant resides. There will be some instances where the participant resides in a different DHB to where their enrolled general practice is.

Murupara can refer to either Lakes DHB or Bay of Plenty DHB using their equivalent BPAC e-Referral and Waihi Beach Medical Centre can choose either Bay of Plenty DHB or Waikato DHB using their equivalent e-Referral.

Everyone who lives within the Bay of Plenty DHB region will be managed through Bay of Plenty DHB unless other arrangements are agreed between DHBs.

This will mean:

- The participant will need to be referred to Bay of Plenty DHB if they have a positive result, NOT the DHB where their general practice lies.

**Please contact the NBSP 24-hour helpline on 027 209 4672 or email [bowelscreening@bopdhb.govt.nz](mailto:bowelscreening@bopdhb.govt.nz)**

## Participants who reside outside Bay of Plenty DHB

As the NBSP is run through DHBs, the responsible DHB is the district in which the participant resides. There will be some instances where the participant resides in a different DHB to where their enrolled general practice is.

If a participant lives outside the Bay of Plenty DHB district, they will be managed through the DHB in which they reside.

This will mean:

- The participant will not be invited to participate in the programme until their DHB of residence goes live with NBSP
- A positive result for a participant outside Bay of Plenty DHB, will need to be referred to the DHB in which they reside. This process will differ from region to region.

DHBs who are currently providing the NBSP are:

- Waitemata
- Hutt Valley
- Wairarapa
- Southern
- Counties Manakau
- Nelson Marlborough
- Hawke's Bay
- Lakes

- Whanganui
- Mid Central
- Tairāwhiti
- Canterbury
- South Canterbury
- Auckland
- Waikato
- Capital and Coast
- West Coast
- Taranaki
- Northland

### **Expected dates for roll out:**

Bay of Plenty DHB will roll out the NBSP on 3<sup>rd</sup> May 2022, this will complete the national roll out.

Each DHB must demonstrate its ability to deliver a clinically safe and effective bowel screening service before it joins the NBSP.

For further information on dates for roll out please refer to the 'Time to Screen' website <https://www.timetoscreen.nz/bowel-screening/>

## **Finding out more information**

- NBSP website: [www.timetoscreen.nz](http://www.timetoscreen.nz)

Bay of Plenty DHB key contacts:

- NBSP Clinical Nurse Specialist: Brigid McPherson
  - Phone: 027 225 3914
  - Email: [bowelscreening@bopdhb.govt.nz](mailto:bowelscreening@bopdhb.govt.nz)
- NBSP Clinical Lead: Dr Alex Lampen-Smith

## **Appendices**

1. **Paper referral form** for practices outside Bay of Plenty DHB who do not access BPAC e-Referral forms.
2. **Claim form**
3. **Frequently asked questions (FAQs).**

## Appendix 1: Paper Referral Form

National Bowel Screening Positive FIT Referral Form (for primary care providers who do not access Midland BPAC e-Referral forms)			
PATIENT INFORMATION			
Name:		NHI:	
D.O.B:		Country of birth:	
Residential Address:			
Postal Address:			
Contact details (Phone)	Home: Work: Mobile:		
Support needs	Does the participant have difficulty with English / comprehension? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the patient been referred for Te Pare ō Toi/Kaihatū support? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please include detailed information to enable evaluation of support requirements or fitness to treatment. Consider disabilities, frailty, inability to tolerate bowel prep, no support or multiple comorbidities:</i>		
REFERRER INFORMATION			
Referred by:		NZMC NZNC:	
Practice:		Phone:	
Fax:		Email:	
CLINICAL INFORMATION			
Discussion has been held with the participant following a NBSP positive FIT result <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Note: It is expected the patient is informed of a positive result by their general practice team. Ideally this should be in person, but by telephone may be appropriate based on patient's individual circumstances.</i>			
Is the participant eligible for free health care? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If not eligible for free health care do not complete remainder of form. Non eligible patients will not be seen as part of this programme.</i>			
<b>The following decision has been made by the participant:</b> <input type="checkbox"/> Wishes to proceed to colonoscopy at Bay of Plenty DHB <input type="checkbox"/> Has declined to proceed. <i>(If declined, do not complete remainder of form)</i> <input type="checkbox"/> Has been referred to a private provider. Enter provider: .....			



*(If referred to a private provider, do not complete remainder of form.)*

Wishes to defer colonoscopy for ..... weeks.

**CLINICAL INFORMATION CONTINUED**

Is the participant fit for colonoscopy?  Yes  No  Unsure

Artificial heart valve?  Yes  No

Antiplatelets?  Yes  No

Anticoagulation medication?  Yes  No

Diabetes medication?  Yes  No

**Medication and allergies:**

*(Please list)*

**Participants eligibility for colonoscopy needs review if:**

Colonoscopy/CT Colon in the last 5 years (please attach imaging report)  Yes  No

Report attached  Yes  No

Is on the bowel cancer surveillance programme  Yes  No

Has had or been treated for bowel cancer  Yes  No

Date of diagnosis: .....

Has a colostomy / colectomy  Yes  No

Has ulcerative colitis or crohns disease  Yes  No

Comments: .....

**Family History**

Have any of participants close relatives had bowel cancer?  Yes  No  Not known

NZGG Category 1 – mildly increased risk (one first degree relative with CRC diagnosed at age 55 or older)

NZGG Category 2 – moderately increased risk (one first degree relative with CRC diagnosed before age of 55 OR two first degree relative on same side of family diagnosed at any age)

NZGG Category 3 – potentially high risk

Any additional information:

**Please scan and email this form to the NBSP Clinical Nurse Specialist Bay of Plenty DHB via [bowelscreening@bopdhb.govt.nz](mailto:bowelscreening@bopdhb.govt.nz)**

## Appendix 2: Claim form for primary care providers outside Bay of Plenty DHB or where BPAC e-Referral is not used

*This is NOT the referral form. Ensure you have also completed the paper referral form.  
Use this form to claim \$60 + GST for a positive result if BPAC e-Referral cannot be used.*

PATIENT INFORMATION	
Name:	NHI:
Quintile (circle):    1    2    3    4    5	Ethnicity:

CLAIMANT INFORMATION	
Provider name:	Practice:
Provider type (circle):    GP    NP    RN	

CLINICAL INFORMATION
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- Discussion has been held with the participant following a positive FIT result
  
- Referral has been sent to Bay of Plenty DHB

The following decision has been made by the participant (*this is only used for anonymised reporting purposes*):

- Wishes to proceed to colonoscopy at Bay of Plenty DHB
- Has declined to proceed.
- Has been referred to a private provider. Enter provider: .....
- Wishes to defer colonoscopy for ..... Weeks
- is unfit for colonoscopy
  
- Patient consents to this information being shared with Bay of Plenty DHB for claiming and anonymised reporting purposes

**Please scan and email this form to the NBSP Clinical Nurse Specialist Bay of Plenty DHB via [bowelscreening@bopdhb.govt.nz](mailto:bowelscreening@bopdhb.govt.nz)**

## Appendix 3: Frequently Asked Questions

<b>NBSP Primary Care FAQs</b>
<p><b>How does the National Bowel Screening Programme (NBSP) invitation process work?</b> Participants in a DHB are screened every two years. Half of the population is invited in the first year and half in the second year in an ongoing cycle. This is determined by birth dates (odds/ evens). Participants are sent a pre-invitation letter and information about the NBSP, followed by an invitation letter and Faecal Immunochemical Test (FIT) kit, which they are asked to complete at home and send by Freepost to the laboratory for testing.</p>
<p><b>When the invitations are sent out to participants, are the General Practice (GP) team notified?</b> GP teams are not notified by NBSP when invitations are sent out but are notified of the FIT results unless the patient withdraws consent. If a person has a positive result their GP team is notified. The GP team then contact the participant and they then send a positive FIT referral to the DHB for a positive FIT colonoscopy or information regarding patient choices (decline, private provider). Participants receive a letter advising them of the results of their test if it is negative. The GP team is also advised of a negative result via the usual laboratory result process, if the participant has consented to their GP team receiving these results.</p>
<p><b>What percentage of participants have a positive result?</b> The positivity rate in the Bowel Screening Pilot was around seven percent. In the NBSP we anticipate a positivity rate of five percent, however this will vary from DHB to DHB depending upon demographics.</p>
<p><b>Will all eligible registered participants results be received by their enrolled general practice?</b> The testing laboratory messages the positive and negative screening results to the NBSP register and the participants GP or practice, unless the patient has not given consent for the GP to receive the result.</p>
<p><b>If a person is invited and does not respond, what happens?</b> A reminder letter is routinely sent for everyone but for priority groups (Māori, Pacific those in Quintile 5) the National Coordination Centre (NCC) make a number of attempts to contact the participant by phone, including an after-hours attempt. A list of people who still do not respond will be available for the DHBs to follow up. The role of GP teams is to encourage participation as it is vital for all eligible enrolled people to be screened.</p>
<p><b>What advice should General Practice teams give to people who are over 50 but under 60 who would like to participate?</b> People aged 50-59 are not eligible for the NBSP but they should be assessed for the presence of factors associated with an increased risk of developing bowel cancer - these include a family history of bowel cancer or a personal history of inflammatory bowel disease (IBD), and previous bowel polyps or cancer. More information is available here: <a href="https://www.health.govt.nz/our-work/diseases-and-conditions/cancer-programme/bowel-cancer-programme/national-bowel-screening-programme/key-documents-national-bowel-screening-programme">https://www.health.govt.nz/our-work/diseases-and-conditions/cancer-programme/bowel-cancer-programme/national-bowel-screening-programme/key-documents-national-bowel-screening-programme</a>. Note: If the GP team is aware that the person is experiencing symptoms that are consistent with bowel cancer then they should be referred to their DHB for specialist assessment for gastrointestinal symptoms or for colonoscopy using the direct access referral criteria for colonoscopy and CTC.</p>

**Which referral form should primary care teams use?**

Referral to Bay of Plenty DHB for NBSP positive FIT results is via the BPAC e-Referral system or a paper-based form for those practices that do not use the electronic referral system. Referral of participants for a colonoscopy (following a positive FIT result) should be to the DHB of residence (domicile). Some DHBs will use a manual system, others will use their existing e-referral processes whilst at the same time ensuring that the screening colonoscopies are distinct from the normal referrals for colonoscopies. Cross DHB referrals will use existing systems for this process.

**What is an information referral?**

Information referrals are sent the same way that an NBSP screening colonoscopy referral is sent to the DHB and is to let the DHB know that the participant has chosen to have a colonoscopy in the private sector, declines screening colonoscopy or to advise the DHB if there are other reasons why a participant should not proceed to colonoscopy.

**Who can make the referrals to the DHBs for participants with a positive result?**

General Practitioners, Nurse Practitioners or Registered Nurses are able to make these referrals.

**What if the participant is unable to undergo a colonoscopy?**

All participants referred for a colonoscopy will undergo a pre-assessment, usually by phone, by a DHB NBSP nurse. On occasions, for a variety of reasons, a participant may not be able to undergo a colonoscopy. In this situation they may be able to proceed instead to a computerised tomographic colonography (CTC) which is a less invasive procedure. This will be decided by the NBSP Clinical Lead.

**If a participant with a positive result wishes to be referred to a private provider for a colonoscopy how will this work?**

The GP will need to advise the Bay of Plenty DHB NBSP nurse that the participant chose to have a private colonoscopy by sending an "information referral" by using the e-Referral for the NBSP Positive FIT. This will inform the Bay of Plenty DHB that the patient has chosen to undergo this privately. It is important to ensure that the information referral is sent otherwise the participant will be contacted by the Bay of Plenty DHB after 10 days as part of the failsafe process of the NBSP. It also ensures that the GP is paid for the information referral.

**What happens at a "Pre-assessment appointment"?**

The purpose of the colonoscopy pre-assessment is to determine the participant's suitability for the colonoscopy procedure and to provide the participant with full information, including possible risks and outcomes, so that an informed decision can be made about whether to proceed. Pre-assessment is undertaken by the DHB NBSP nurse generally over the phone using a pre-assessment form as a guide. The majority of participants will undergo a telephone pre-assessment at time of first contact by the nurse, which will be within 15 days of the positive result.

**Why is Bowel preparation so important to complete?**

Effective bowel preparation supports improved polyp detection and caecal intubation, while poor bowel preparation is associated with failure to reach the caecum and hinders the detection of lesions. Bowel preparation is discussed with participants as part of pre-assessment and is assessed when the participant is admitted for procedure.

**How do the GP teams receive the results of the colonoscopy?**

The usual procedure report for endoscopy for their DHB would be given to the participant and also sent to the GP via the normal channels. A letter is sent to the GP team advising them of the histology results and the outcome, ie return to NBSP screening or exit to surveillance.

**Are coeliac patients at higher risk of bowel cancer?**

Specialists advise that the risk of bowel cancer in coeliac patients is not significantly higher than the normal population.

**What is the likelihood of complications and possible adverse events of undergoing a colonoscopy?**

Colonoscopy is considered a safe procedure with few risks. However, as with most medical procedures, problems can sometimes happen.

There is a small risk the colonoscopy procedure itself, or removal of polyps, will cause serious bleeding or damage to the bowel that may need further treatment.

The following specific risks are documented on the consent form:

- Sedation risks,
- Perforation rate <1:1000 colonoscopies,
- Perforation rate post polypectomy < 1:500
- Significant bleeding <1:100 colonoscopies where polypectomy is performed,
- Missed significant pathology < 5%

Adverse events are documented and followed up as part of the quality management of the NBSP with the NBSP Clinical Lead.

**What is the sedation given to a person undergoing a colonoscopy? Are patients able to drive after the procedure?**

The sedation commonly used include fentanyl or midazolam. The participant will be advised at the pre-assessment appointment that they not be able to drive 24 hours after the procedure and should be monitored overnight. Arrangements for transport need to be made to ensure the participant can return home safely.

**What is the policy around Warfarin or other anticoagulants being used prior to undergoing a colonoscopy?**

It is common that polyps are found. These are expected to be found in 7 out of 10 participants proceeding to an NBSP colonoscopy.

During the colonoscopy pre-assessment the Bay of Plenty DHB NBSP Nurse will review anticoagulant medications with the participant.

**What is the expected increase in demand on symptomatic colonoscopy services for the DHBs once the NBSP is introduced?**

Data indicates an approximate 20 percent increase in demand over the first two years of bowel screening in a DHB. However, with increased publicity about bowel screening, this increase could occur earlier. It is anticipated that this will vary from DHB to DHB.

**What are the time frames for the posting and receipt of the specimens and what happens if these are spoiled by the time they reach the lab?**

Local postal systems have been tested from selected locations around New Zealand and the majority of samples are returned within the designated timeframe (seven days) for which the buffer in the FIT kit will minimise degradation of blood in the sample. All samples have an expiry date on the kit and these are checked at the lab before testing. No samples found to be over the expiry date are tested ensuring that all samples are within the recommended time frames for testing. Should test kit be received by the lab outside of the time frames, a replacement FIT test kit will be posted out to the participant.

**What happens to “spoiled” samples?**

If the kit is spoiled, the NCC will automatically send a replacement kit. In the event of multiple spoiled kits being returned by a participant, the NCC will contact them and provide advice. Some examples of spoiled kits are not putting correct bar codes on samples, family members mixing up bar codes, failing to sign consent form, failing to include consent form with the kit etc. If the participant has lost the kit they can contact the NCC to be sent another one.

**Is the “FIT” test the same as the commonly ordered iFOB?**

The FIT or faecal immunochemical test is the term for the screening test being used in NBSP. Other tests for occult blood in faeces include the guaiac FOB (faecal occult blood) test. Immunochemical tests maybe also be referred to as iFOBT (immunochemical faecal occult blood test) and these tests when used in a screening programme may use a different threshold for positivity compared to that routinely used. The use of faecal occult blood testing outside of the organised screening programme is not recommended because timely follow up investigations may not be guaranteed, and the appropriate quality and equity safeguards are not in place. The use of faecal occult blood testing is not recommended for symptomatic patients who should be referred using the direct access for colonoscopy criteria [Referral Criteria for Direct Access Outpatient Colonoscopy or Computed Tomography Colonography | Ministry of Health NZ](#)

**What is the mechanism for payment to primary care for participants with positive results referrals to colonoscopy?**

GPs receive \$60 +GST per referral whether it is an “information referral” or a referral for a screening colonoscopy. Bay of Plenty DHB have developed a payment mechanism, via PHO’s .

**Is there a reminder or alert system that primary care can use so they are able to identify who hasn’t had a screen and opportunistically discuss bowel screening participation with a person?**

There are various reminder tools available eg Dashboard and Patient Prompt among others. There is currently no national system. The DHBs are working with the Ministry to investigate future capabilities.