

# **Interim Quality Standards and Good Practice for Primary Health Care**

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## **National Bowel Screening Programme**

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# 1 Management of faecal immunochemical test for haemoglobin screening results in the National Bowel Screening Programme

**Standard 1.1:** The primary health care team ensures that each participant in the National Bowel Screening Programme (NBSP) returning a positive faecal immunochemical test for haemoglobin (FIT) screening test is notified of their positive result and referred appropriately in a timely manner.

|                    |   |
|--------------------|---|
| Policy             | <p>Every participant is advised of the outcome of their screening test in a timely manner and is appropriately referred within the screening pathway to either timely access to colonoscopy (or other diagnostic investigation) or rescreening.</p> <p>Positive and negative FIT results are sent electronically to the primary healthcare team by the FIT laboratory on the day the final result is reported. Screening test results are reported as 'screen positive' or 'screen negative'.</p> <p>Participants with a positive FIT result are notified (where possible) by their primary health care team. All participants with a negative FIT result are notified by a 'normal bowel screening test result' letter sent by the NBSP National Coordination Centre (NCC).</p> <p>Spoilt tests indicate a failure to obtain a result and are not of themselves results. Spoilt tests are FIT kits returned that could not be adequately tested or technical fails. Participants are advised of this and sent a replacement FIT kit by the NCC.</p>  |
| Quality indicator  | <p>All participants returning a positive screening test are notified of the result by their primary healthcare team within 10 working days of the receipt of the result by the Practice.</p> <p>All participants notified of their positive screening test are referred appropriately.</p>  |
| Essential criteria | <p>The primary health care team ensures:</p> <p>1.1.a. they have systems to identify their population that is eligible for NBSP screening</p> <p>1.1.b. their practitioners understand the cultural aspects in relation to the NBSP and practise in accordance with their relevant cultural competency standards (eg, Nursing Council of New Zealand 2011; Medical Council of New Zealand 2006).</p> <p>For those participants with negative FIT results, the primary health care team:</p> <p>1.1.c. must be able to advise participants of the limitations of the screening test and to be observant of relevant symptoms.</p> <p>For each participant with a positive FIT result, the primary health care team must, within 10 working days:</p> <p>1.1.d. contact the participant to notify them of their positive FIT result</p> <p>1.1.e. send a referral to the domiciled DHB NBSP endoscopy service for diagnostic services for participants able to/wishing to proceed to colonoscopy (or Computed Tomography Colonography)</p> <p>1.1.f. send an 'information referral' to the DHB NBSP endoscopy service for all other outcomes of participant contact such as electing to access private endoscopy services, unable/unwilling to proceed to diagnostic services, wishing to withdraw from NBSP</p> <p>1.1.g. inform participants proceeding to diagnostic services of the process and discuss the next steps.</p> |
| Evaluation process | <p>The internal audit process ensures that the criteria are complied with, and identified issues are addressed through a CQI process.</p> <p>Primary health care teams meet the Foundation Standard for General Practice (the most recent version published by The Royal College of General Practitioners) and are encouraged to participate in a recognised accreditation programme.</p>   |
| Evaluation targets | <p>100% of participants with a positive FIT result, and able to be contacted by their primary healthcare team within 10 working days, have their outcome ('referral' or 'information referral') notified to the NBSP DHB endoscopy unit.</p> <p>All criteria are met.</p>   |

## **Standard 1.1**

The primary health care team ensures that each participant in the National Bowel Screening Programme (NBSP) returning a positive faecal immunochemical test for haemoglobin (FIT) screening test is notified of their positive result and referred appropriately in a timely manner.

### **Policy**

Every participant is advised of the outcome of their screening test in a timely manner and is appropriately referred within the screening pathway to either timely access to colonoscopy (or other diagnostic investigation) or rescreening.

Positive and negative FIT results are sent electronically to the primary healthcare team by the FIT laboratory on the day the final result is reported. Screening test results are reported as 'screen positive' or 'screen negative'.

Participants with a positive FIT result are notified (where possible) by their primary health care team. All participants with a negative FIT result are notified by a 'normal bowel screening test result' letter sent by the NBSP National Coordination Centre (NCC).

Spoilt tests indicate a failure to obtain a result and are not of themselves results. Spoilt tests are FIT kits returned that could not be adequately tested or technical fails. Participants are advised of this and sent a replacement FIT kit by the NCC.

### **Quality indicator**

All participants returning a positive screening test are notified of the result by their primary healthcare team within 10 working days of the receipt of the result by the Practice.

All participants notified of their positive screening test are referred appropriately.

### **Essential criteria**

The primary health care team ensures:

- 1.1.a. they have systems to identify their population that is eligible for NBSP screening
- 1.1.b. their practitioners understand the cultural aspects in relation to the NBSP and practise in accordance with their relevant cultural competency standards (eg. Nursing Council of New Zealand 2011; Medical Council of New Zealand 2006).

For those participants with negative FIT results, the primary health care team:

- 1.1.c. must be able to advise participants of the limitations of the screening test and to be observant of relevant symptoms.

For each participant with a positive FIT result, the primary health care team must, within 10 working days:

- 1.1.d. contact the participant to notify them of their positive FIT result
- 1.1.e. send a referral to the domiciled DHB NBSP endoscopy service for diagnostic services for participants able to/wishing to proceed to colonoscopy (or Computed Tomography Colonography)
- 1.1.f. send an 'information referral' to the DHB NBSP endoscopy service for all other outcomes of participant contact such as electing to access private endoscopy services, unable/unwilling to proceed to diagnostic services, wishing to withdraw from NBSP
- 1.1.g. inform participants proceeding to diagnostic services of the process and discuss the next steps.

## **Evaluation process**

The internal audit process ensures that the criteria are complied with, and identified issues are addressed through a CQI process.

Primary health care teams meet the Foundation Standard for General Practice (the most recent version published by The Royal College of General Practitioners) and are encouraged to participate in a recognised accreditation programme.

## **Evaluation targets**

100% of participants with a positive FIT result, and able to be contacted by their primary healthcare team within 10 working days, have their outcome ('referral' or 'information referral') notified to the NBSP DHB endoscopy unit.

All criteria are met.

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## 2 Guidance for good practice – providing the National Bowel Screening Programme

### 2.1 Eligibility to participate in the NBSP

#### Consensus-based evidence

- 2.1.a. Eligible participants are men and women eligible for New Zealand health services and aged 60–74 years.
- 2.1.b. FIT screening is not recommended for people outside the eligible age range.
- 2.1.b. FIT screening is not recommended for people with symptoms requiring clinical investigation.<sup>1</sup>
- 2.1.c. The rescreening interval for eligible participants is 24 months.

#### Practice points

- 2.1.d. Exclusions to eligibility for screening include but are not limited to people who:
  - have had a colonoscopy within the last five years
  - have undergone total removal of the large bowel
  - have had, or are currently receiving, treatment for bowel cancer
  - are in a bowel polyp or bowel cancer surveillance programme
  - are currently receiving treatment for ulcerative colitis or Crohns disease, or are under specialist surveillance
  - are currently seeing a doctor for bowel cancer symptoms.
- 2.1.e. Eligible participants with exclusion criteria are managed appropriately; participants that are temporarily ineligible are advised when they will become re-eligible.

<sup>1</sup> Ministry of Health. 2015. *Referral Criteria for Direct Access Outpatient Colonoscopy or CT Colonography*. Wellington: Ministry of Health. URL: <https://www.health.govt.nz/system/files/documents/pages/referral-criteria-direct-access-outpatient-colonoscopy-ct-colonography-nov15.doc>



## **2.2 Informing the eligible population about the NBSP and screening**

### **Practice points**

- 2.2.a. General practices, public health organisations and DHBs collaborate in communications and community engagement activities promoting the NBSP.
- 2.2.b. Practices provide eligible participants with information and resources about the NBSP that are evidence based and consistent, and cover:
  - the potential benefits and risks of screening
  - the significance of positive and negative FIT results
  - that a colonoscopy or other diagnostic test will be offered if the screening test result is positive.
- 2.2.c. Communicates the NBSP key messages to eligible participants.
- 2.2.d. Written and verbal communication about the NBSP is clear, consistent and appropriate.
- 2.2.e. Advises eligible participants about family history for high risk and surveillance for those at moderate risk, according to the *Guidance on Surveillance for People at Increased Colorectal Cancer*.<sup>2</sup>

## **2.3 Advising eligible participants about the significance of the screening test, and managing the pathway for a positive screening test**

### **Practice points**

- 2.3.a. Manages participants who are unsuitable for diagnostic services or decline diagnostic services.
- 2.3.b. Manages participants who return a positive FIT test and are subsequently found to be ineligible for the NBSP.
- 2.3.c. General practices work with NBSP DHB endoscopy units to follow up participants who cannot be notified of their positive result, cannot be contacted for a pre-assessment or do not attend their scheduled diagnostic procedure appointment (colonoscopy or Computed Tomography Colonography).

<sup>2</sup> New Zealand Guidelines Group. 2012. *Guidance on Surveillance for People at Increased Risk of Colorectal Cancer*. Wellington: Ministry of Health. URL: [www.health.govt.nz/publication/guidance-surveillance-people-increased-risk-colorectal-cancer](http://www.health.govt.nz/publication/guidance-surveillance-people-increased-risk-colorectal-cancer)

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## **3 Guidance for good practice – maximising equitable participation in the National Bowel Screening Programme**

### **3.1 Offering all eligible participants the opportunity to participate in the NBSP**

#### **Practice points**

- 3.1.a. Initiates discussions with eligible participants who have not yet participated in the NBSP.
- 3.1.b. Informs eligible participants who have not yet received an invitation that they can self-enrol in the NBSP (or the practice can enrol on their behalf); priority participants (see section 3.2) will be sent an invitation immediately where appropriate.
- 3.1.c. Informs participants, where appropriate, that they may withdraw or be temporarily suspended from the NBSP at their request.

### **3.2 Achieving equitable participation for all population groups**

#### **Practice points**

- 3.2.a. Promotes a high level of equitable participation for all population groups, with a focus on the NBSP priority groups:
  - Māori
  - Pacific people
  - people living in deprived areas (NZ Deprivation Index deciles 9 and 10).
- 3.2.b. Uses quality improvement processes for maximising participation with an equity focus and considers equity impacts for any changes to processes.
- 3.2.c. Works collaboratively with the NBSP NCC to actively follow up all:
  - priority participants who have not returned their FIT test kit in four weeks
  - priority participants who have returned a spoiled kit
  - participants who have returned three consecutive spoiled tests.