

The information below is the updated data since commencement of the programme in March. We have been gradually increasing in participation which is great to see, we have removed countless polyps and regionally we have detected **14 cancers** within the last six months and nationally **1080 cancers**.

To-Date Results as of 20/10/21

Invited Participants Total

22,171

Kits Returned (Definitive Results)

10,723

Completion Rate %
Waikato region

55%

MoH Target 60%

Completion Rate %
Māori

41.8%

MoH Target 60%

Completion Rate %
Pacific

38.6%

MoH Target 60%

Completion Rate % Priority
Population (Dep 9 & 10)

55.4%

MoH Target 60%

Positives
Total

533

Colonoscopies
completed

263

Cancers

14

Advanced
Adenomas

88

Polyps

119

Other *

11

* This includes Normal, IBD and Ongoing investigations required.

Things have been pretty tough over the last couple months for the region because of COVID, with this in mind the Waikato Bowel Screening team would like to thank you all for your hard work over this crazy time, you are LEGENDS! For Bowel Screening we have seen POSITIVE referrals coming through promptly which ensures MoH target timelines are more attainable, so THANK YOU 😊

Due to the lack of community engagement we have had to try and come up with other ways of connecting with people that are eligible for bowel screening, so in the next couple of weeks we will be running an online promotion. People who complete their test kit and receive a result by the 3rd of December can register and go in the draw to win one of two prize packs worth over \$300 in Pak n Save, petrol vouchers and other goodies. Hopefully this is a good incentive for people to get their kits completed. If you would like some fliers for your practice or would like to post on your social media platform please get in touch with Temira Mataroa - Temira.mataroa@waikatodhb.health.nz





Q Do I need to send a BPAC referral to Waikato National Bowel Screening Programme if I am referring my patient privately?

A **YES – a National Bowel Screening Positive FIT**

Patient Information:	
Patient has a positive FIT from National Bowel Screening	<input checked="" type="radio"/> Yes <input type="radio"/> No
This patient is enrolled in this practice?	<input checked="" type="radio"/> Yes <input type="radio"/> No
This patient is enrolled in this practice but has been unable to be contacted in the 10 day period?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Discussion has been held with the patient about the positive FIT Result	<input checked="" type="radio"/> Yes <input type="radio"/> No
Private:	
Patient has been referred to a private specialist	<input type="radio"/> Yes <input checked="" type="radio"/> No
Decline:	
Patient declines a colonoscopy	<input type="radio"/> Yes <input checked="" type="radio"/> No

HOT TIP

If you have received a positive FIT result for a patient and they would like to be seen in private we still need a referral. This is still the same process via BPAC however you select "Patient has been referred to a private specialist" then we can update the information in the NBSP register that the participant is not progressing down the NBSP pathway but will be followed up in Private.

How does the National Bowel Screening Programme (NBSP) invitation process work?

Participants in a DHB are screened every two years. Half of the population are 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.

What percentage of participants have a positive result?

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.

If a person is invited and does not respond, what happens?

A reminder letter is routinely sent for everyone but for priority groups (Māori, Pacific and those living rurally and in deprivation 9 and 10 areas) 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.

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

<https://www.health.govt.nz/.../referral-criteria-direct-access-outpatient-colonoscopy-ct>

We're here to help

Don't hesitate to contact us if you have any questions

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For any further information please contact Temira Mataroa: temira.mataroa@waikatodhb.health.nz.