



(Te Whatu Ora – Health NZ,
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P The free National Bowel Screening Programme (NBSP) is for people aged 60 to 74. It saves lives by detecting bowel cancer early, when it can often be successfully treated. This benefits patients and their families and reduces treatment costs. The programme invites about 835,000 people for screening every 2 years.

Bowel cancer, also called colon, rectal or colorectal cancer, is the second highest cause of cancer death in New Zealand. Around 3000 New Zealanders are diagnosed with bowel cancer every year and more than 1200 die from it.

There may be no warning signs that bowel cancer is developing.

How testing works

People eligible to participate in the bowel screening programme are invited to complete a faecal immunochemical test (FIT). The test kit arrives in the mail and is easy to do at home. It can detect tiny traces of blood in bowel motions (poo) that may be an early sign of pre-cancerous polyps (growths) or bowel cancer.

If a test is positive, participants are invited for additional screening, usually a colonoscopy. A colonoscopy involves looking inside the bowel with a long tube that has a tiny camera on the end. A colonoscopy can identify both cancers and polyps. Polyps are not cancers, but may turn into cancer over a number of years. It is usually possible to remove polyps during the colonoscopy procedure. This prevents them becoming cancer in the future.

For every 100 people having a colonoscopy (an internal examination of the large bowel) after a positive result from their first screening test, six to eight will be found to have cancer and at least a quarter will have advanced polyps that if left untreated, could in time develop into cancer.

More about the FIT test and other aspects of bowel screening can be found on the National Screening Unit website:

- [Doing the bowel screening test](#)

National roll-out

The NBSP is based on a successful six-year pilot programme. Information on the pilot is available on the [Bowel Screening Pilot](#) page

P The programme roll out began in July 2017 with Hutt Valley and Wairarapa the first DHBs to join, and ended with the final DHB, Bay of Plenty, joining in June 2022. The programme is now available across the country.

Since the roll out began in July 2017, the National Bowel Screening Programme has sent out more than a million home test kits and detected cancers in around 1400 New Zealanders. It has also identified and removed thousands of polyps (growths in the bowel) which, if left untreated, can become cancerous over time.

Structure

The National Bowel Screening Programme comes under the Ministry of Health's National Screening Unit (NSU). The NSU oversees and monitors all the Ministry's national screening programmes.

The operational hub of the NBSP is the National Coordination Centre (NCC), which is run by Homecare Medical, on behalf of the Ministry. The NCC sends out invitations and test kits and coordinates processing and follow-up of test results.

The NCC also notifies GPs of results, sends letters to people who return a negative FIT and informs DHBs of positive tests.

The Ministry contracts with Lab Plus to provide laboratory services for the NBSP.

Role of Te Whatu Ora

Te Whatu Ora carry out screening locally, on behalf of the NBSP.

Before a region can be approved by the Ministry to start bowel screening, it must show it is able to run a safe and effective bowel screening service. This means having adequate facilities and staffing and making sure it is meeting colonoscopy wait times.

Once they are part of the NBSP, they are responsible for providing free follow-up investigations, and any treatment participants need.

Four regional centres support the regions to develop screening and then oversee clinical standards and other aspects of the programme once it is underway.

Role of primary care (GPs)

GP practices have a key role to play in the success of the NBSP.

They advise their patients of positive test results, refer them for a screening colonoscopy and support them through the process. They also

raise awareness about bowel screening and encourage participation.

GPs can also refer people with a strong family history of bowel cancer to the [New Zealand Familial Gastrointestinal Cancer Service](#) or surveillance colonoscopy – see the brochure for primary health practitioners at [Guidance on Surveillance for People at Increased Risk of Colorectal Cancer](#). (pdf, 884 KB)

Equity

Making sure all New Zealanders, regardless of their ethnicity or location, have the opportunity to participate and benefit from bowel screening is important to the programme and the Ministry's wider health objectives.

The NBSP has established Māori and Pacific networks to encourage more participation among Māori and Pacific peoples.

The NBSP promote equitable participation by:

- targeting actions to increase participation in bowel screening for Māori, Pacific and high deprivation population groups (active follow-up on invitations, targeted health promotion, engagement with community groups, churches and marae)
- each DHB having an equity plan, to implement locally appropriate actions
- national monitoring of participation and outcomes by ethnicity, through the bowel screening IT system
- involving primary care in promoting participation and managing positive results
- national governance with a strong focus on equity.

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