

Background

The National Endoscopy Quality Improvement Programme (NEQIP) was, as agreed by both parties, a time-limited change-management programme, established by the Ministry of Health (the Ministry). The Ministry has invested around \$3 million to improve the quality of endoscopy services since the service was established in November 2012. The need for improvement in quality for endoscopy services was driven by the bowel screening pilot and the possibility of a national bowel screening roll-out.

The key tool for improving endoscopy is the New Zealand Global Rating Scale (NZGRS). This is a web based quality improvement tool that allows endoscopy units to self-assess against a set of standards. The NZGRS has been rolled out to all DHBs, as a voluntary programme.

A two year contract (plus nine month extension) was entered into with Bay of Plenty DHB for the NEQIP. During this time key roles of NEQIP, agreed by all parties, were to embed NZGRS into DHBs and establish a governance framework and a sustainable sector based funding model. This work has led to improvements in the quality of endoscopy services. The Ministry remains committed to the value of NZGRS and ongoing development of the GRS tool with a view to its use in accreditation of units in the future. However, whilst NZGRS has now been implemented in DHBs, the sustainability of the programme has yet to be realised. In addition, whilst there is support for a sector based model to lead quality improvements in endoscopy, there appears currently to be no appetite for parties outside the Ministry to fund this.

Since this report has been published, the Endoscopy Governance Group for New Zealand (EGGNZ) has been initiated. The Ministry understands this group represents the following organisations:

Royal Australasian College of Physicians
Royal Australasian College of Surgeons
New Zealand Society of Gastroenterology
New Zealand Association of General Surgeons
New Zealand Conjoint Committee for recognition of Endoscopy training
Bowel screening pilot
New Zealand Nurses Organisation Gastroenterology Nurses Section.

The Ministry is supportive of the establishment of this group and sees the formation of EGGNZ as an important step towards sector involvement and is hopeful that they will play a key role in the future of this work. The Ministry also wishes to acknowledge Dr Russell Walmsley in showing leadership in establishing and chairing this group.

This document outlines the Ministry's response to the report '*Governance of endoscopy quality and related initiatives*' written by Sapere Research Group. This report was commissioned to provide recommendations on a sustainable national governance framework for continuous quality improvement, accreditation, training, and any other key issues identified for endoscopy services in New Zealand. There are 10 recommendations in the report to which the Ministry is now responding.

Recommendations

Recommendation 1: The Ministry of Health should continue to be supportive of a sector-led endoscopy quality programme, while being clear with all stakeholders that the impetus to develop the structures to support sector leadership of the programme now lies with sector leaders.

Agree.

Although the Ministry acknowledges it would be ideal to have a programme led from organisation/s other than the Ministry it questions how realistic this is given the feedback from the sector to date. The impetus should lie with sector leaders but there has been no funding forthcoming from such impetus. In recognition of this the Ministry will make funds available to continue to support this important work.

Recommendation 2: The Ministry should establish an interim structure to support continued use of NZGRS in New Zealand endoscopy units and to assist with developing an accreditation system for endoscopy units.

Agree.

The Ministry believes the continuation of NZGRS is important and supports this. The Ministry is also supportive of developing an accreditation framework particularly in light of a possible roll out of a national bowel screening programme. The Ministry will work with EGGNZ and other relevant bodies to establish an interim structure to support continued use of NZGRS in New Zealand endoscopy units. Supporting the development of an accreditation programme should ideally be aligned with the NZGRS; however they may be two separate work programmes.

Recommendation 3: The Ministry should invite the sector-led group proposed at the June workshop to fulfil the role of a clinical oversight group for NZGRS and the development of an accreditation programme. If this invitation is accepted, this arrangement should be formalised through a Memorandum of Understanding.

Agree.

The sector led group proposed at the June workshop has since been set up as the Endoscopy Governance Group NZ and is chaired by Dr Russell Walmsley Chair of the NZ Gastro Society. The Ministry has met with Dr Walmsley and has indicated to Dr Walmsley that it could seek funding for Dr Walmsley's time to further develop EGGNZ, ensuring it has the support of the sector and the appropriate sector representation. Once EGGNZ is fully established, the Ministry intends to invite EGGNZ to fulfil the role of a clinical oversight group for NZGRS with specific deliverables, initially to provide oversight of the NZGRS. With regards to accreditation the Ministry believes it is sensible that the NZGRS should form the basis of accreditation however further consideration is needed on how this would be developed and undertaken.

Recommendation 4: If the sector-led group does not accept the invitation to become the clinical oversight group for NZGRS and the accreditation programme, the Ministry should convene such a group itself by approaching the relevant professional bodies to nominate individuals with the appropriate clinical skills.

Agree.

The Ministry is hopeful that EGGNZ will be able to become the clinical oversight group and are working with Dr Russell Walmsley to progress this. However if this does not eventuate the Ministry would, of necessity, need to establish such a group itself.

Recommendation 5: The Ministry should consult with the sector-led group regarding the activities of the post-NEQIP NZGRS operational group.

Agree.

Key members of the NEQIP have recently resigned but funding for the endoscopy quality improvement work is still available. Bay of Plenty DHB, whilst supporting the work, is not in a position to continue hosting this programme. In light of this, the Ministry is currently reviewing the options on how best to ensure continuity of the NZGRS work and the role of EGGNZ. This is seen as an opportunity to develop a sustainable model that has sector leadership and support.

Recommendation 6: The Ministry should continue with its plan to develop an accreditation programme for endoscopy units to support continued quality improvement in all units and the needs of the potential national bowel screening programme.

Agree.

The Ministry recognises the need for an accreditation programme and will develop this as part of their work programme. The Ministry acknowledges that the NZGRS tool appears an appropriate tool to support an accreditation framework.

Recommendation 7: The Ministry should ensure that any accreditation approach that is developed aligns with and supports the needs of a possible national bowel screening programme.

Agree.

The Ministry acknowledges that the development of a national bowel screening programme is a key driver to the development of an accreditation programme.

Recommendation 8: The Ministry should consider seeking funding for endoscopy quality as part of the business case for a national bowel cancer screening programme.

Agree.

The Ministry is currently developing the business case for a national bowel cancer screening programme and will consider this as part of the overall funding sought.

Recommendation 9: As part of the policy process around the possible national roll-out of screening, the Ministry should consider seeking a policy decision on whether to fund a quality programme only for screening units, or for all public units.

Funding for quality improvements would be available for all publically funded endoscopy units. This will minimise the likelihood of a two tier system for endoscopy developing.

Recommendation 10: The Ministry should continue to seek input on endoscopy-related decisions from non-clinical stakeholders, either through bilateral consultation or through Ministry-convened ad hoc meetings as required.

Agree.

EGGNZ is currently a clinically focussed group. It is important that key stakeholders including maori, pacific, consumers, funders and planners and DHB management are involved in decision making processes. The Ministry will ensure the views/needs of these groups are considered and included as appropriate.

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