Ministerial Response to
the referral of the Petition of Bowel Cancer New Zealand
on
lowering the national bowel screening age

Presented to the House of Representatives

In accordance with Standing Order 380

Minister of Health's response to the referral of the Petition of Bowel Cancer New Zealand on lowering the national bowel screening age

Introduction

1 Bowel Cancer New Zealand's petition to lower the national bowel screening age was presented to the Petitions Committee on 16 January 2025. On 10 March 2025, the Committee referred the petition to the Minister of Health for a response.

2 I welcome the referral of this petition and thank Bowel Cancer New Zealand for their work to reduce the impact of bowel cancer on New Zealanders.

3 I have carefully considered this petition and responded in accordance with Standing Order 380.

4 My response provides assurances that this Government is committed to lowering the overall national bowel screening age as colonoscopy capacity and resourcing allows.

The petition

5 Bowel Cancer New Zealand's petition requests the House of Representatives to ask the Government to lower the eligibility age for New Zealand's National Bowel Screening Programme from 60 to 35 years. Their supplementary submission requests the Government to:

5.1 lower the overall bowel screening age to 45 years and to 35 years for high-risk populations, such as Māori and Pacific Peoples

5.2 commence planning for this age extension in 2025, with the goal of a full rollout in 2026.

6 Bowel Cancer New Zealand states there is clear evidence on the benefits of screening from 45 years old. It also notes that upcoming changes to Health New Zealand's approach to managing colonoscopies for patients with bowel cancer symptoms will reduce enough pressure and costs on colonoscopy services to make the age extension feasible and affordable.

Ministerial response

7 I agree that lowering the overall bowel screening age is a significant opportunity to save lives. This Government has begun delivering on our commitment to align our bowel screening age with Australia (45 years).

8 In March 2025, Cabinet agreed to repurpose funding from the Budget 2022 bowel screening tagged contingency to lower the bowel screening age for all populations from 60 to 58 years, with implementation starting from October 2025.

9 This age extension will make an additional 122,000 people eligible for screening and is projected to prevent an additional 771 bowel cancers and 566 bowel cancer deaths over the next 25 years.

10 Compared to the previous Government's proposal to lower the screening age to 50 years for Māori and Pacific peoples only, this Government's approachis projected to prevent an additional 218 bowel cancers and an additional 176 bowel cancer deaths over the next 25 years.

11 Cabinet agreed this reduction as a first step in progressively lowering the bowel screening age to align with Australia. Current capacity constraints and funding commitments determine the pace at which the screening age can be lowered further.

12 Officials have been directed to continue monitoring colonoscopy capacity and funding to assess further opportunities for reductions in the screening age. As part of this, Health New Zealand has requested further modelling from Erasmus University Rotterdam in the Netherlands on the impacts of lowering the screening age further.

13 Any recommendations for differences in the eligibility ages between populations will continue to be considered in the context of the Coalition Government's clear expectations that the targeting, design, and commissioning of public services must be based on the needs of all New Zealanders.

14 In addition to lowering the bowel screening, improving participation among those eligible for bowel screening and achieving the National Bowel Screening Programme's 60% participation target is also a priority and will help save lives.

15 That is why in March 2025 Cabinet also approved additional funding of over $19 million over four years for targeted initiatives that aim to increase participation among population groups with low participation rates, (including Māori, Asian and Pacific). We are specifically investing in:

a. a national multi-media campaign, including a primary care-based campaign, to promote participation in the bowel screening programme

b. national implementation of a laboratory-based drop-off option for test kits (as an alternative to post return) to make participation easier

c. education modules for community and district teams on the bowel screening programme. This will upskill workforce and help inform conversations when engaging with communities about the screening programme and encourage participation

d. a national roll-out of barcoded kits. This will enable district bowel screening teams and general practices serving populations with low screening rates to engage in opportunistic hand-delivery of test kits during outreach, health promotion events, and general practice appointments, and make participation in the programme easier

e. co-designing additional pre-reach and engagement approaches to ensure our services are effective at reaching populations with low screening rates

f. improving the bowel screening register to aid the initiatives and improve data quality.

16 These uptake initiatives are projected to prevent an additional 244 bowel cancers and 154 bowel cancer deaths over the next 25 years.

17 I am aware Health New Zealand is implementing a new approach to managing colonoscopies for symptomatic patients referred by their general practitioner (GP) in five districts (Waitematā, Counties Manukau, Waikato, Hawkes Bay, and Canterbury). This involves a clinician at triage identifying patients who would be suitable for a faecal immunochemical test (FIT) and using this test to identify patients with the lowest risk of bowel cancer for whom colonoscopies may be unnecessary. These patients can then instead be discharged to their GP for further management.

18 International experience has shown that this initiative has the potential to reduce colonoscopy waitlists and provide additional symptomatic colonoscopy capacity. While this potential is promising, the actual impact locally will not be known until it is evaluated. Health New Zealand expects the first data to be available at the start of 2026.

Conclusion

19 I would like to thank Bowel Cancer New Zealand for its petition.

20 This Government is committed to lowering the bowel screening age as colonoscopy capacity as resourcing allows and improving screening rates to achieve the 60% participation target.

21 While this Government is unable to immediately lower the bowel screening age below 58 years, Cabinet has directed officials to continue monitoring colonoscopy capacity and funding to assess and identify future opportunities for reductions in the screening age.