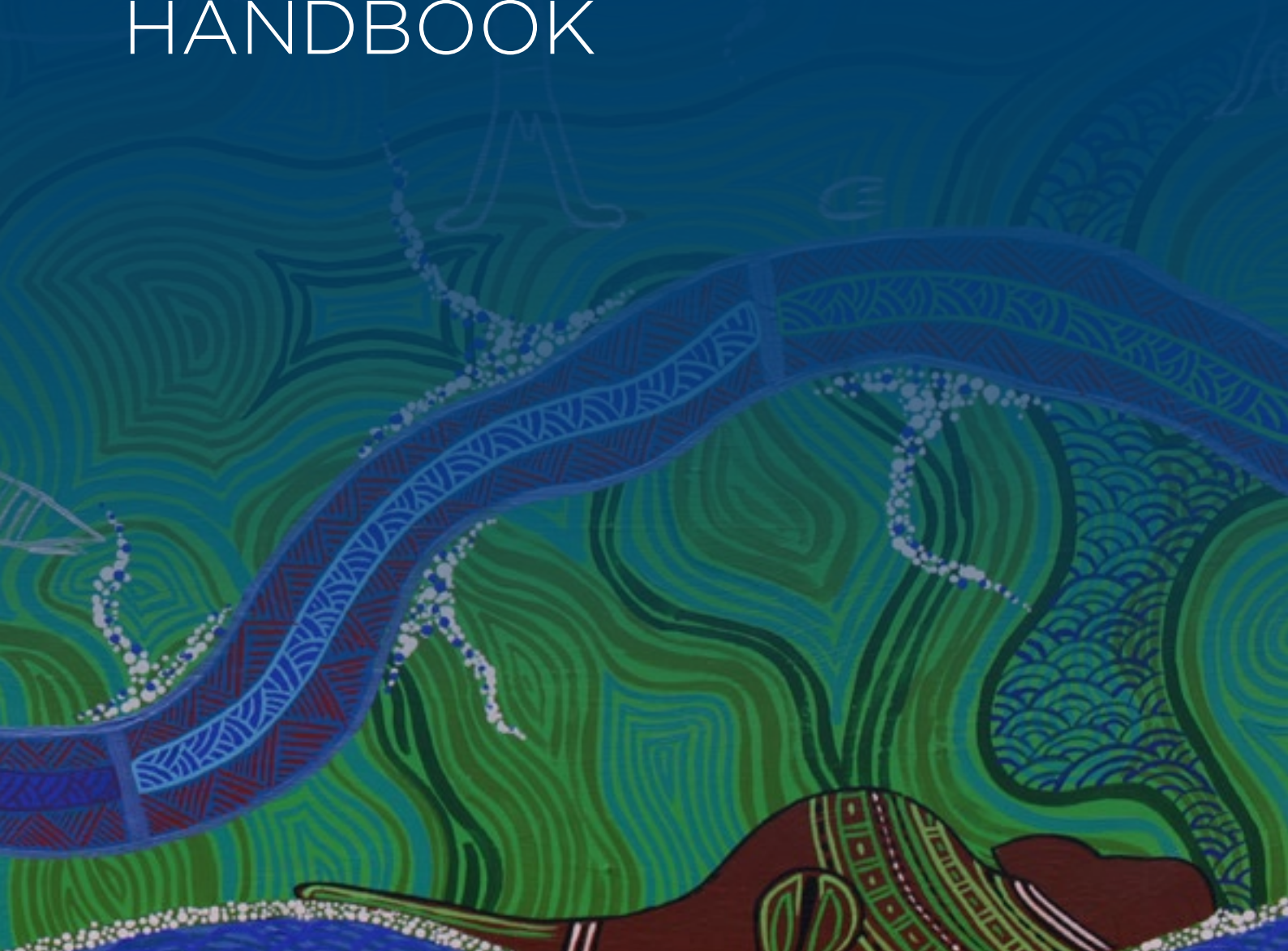


CANCER SCREENING HANDBOOK



Disclaimer: The Cancer Screening Quality Improvement Toolkit has been collated utilising, in part, information from the Cancer Screening Women's Health Collaborative Cancer Institute /Improvement Foundation. All information is accurate as of the date that this version was developed. HNECC PHN will endeavor to update the information as needed.

Every effort has been made to ensure that the information provided is accurate. Health professionals must not rely solely on this information to make patient care decisions.

HNECC PHN does not give any warranty as to the accuracy, reliability or completeness of information which is contained in this handbook. Except in so far as any liability under statute cannot be excluded, HNECC PHN, its employees do not accept any liability for any error or omission in this handbook or for any resulting loss or damage suffered.

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Version dated: February 2019

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HUNTER NEW ENGLAND AND CENTRAL COAST PHN



HUNTER NEW ENGLAND AND CENTRAL COAST PHN CANCER SCREENING STRATEGY

With cancer screening a National 'Headline Performance Indicator' for PHNs; Hunter New England and Central Coast PHN (HNECC PHN) has developed a **Cancer Screening Strategy**.

Key focus areas of the cancer screening strategy are;

- Developing partnerships with primary care providers, clinicians and community
- Supporting and enhancing primary care system capacity and capability
- Enhancing Clinician skills and knowledge

These strategies fall out of the **Cancer Institute NSW Primary Care Strategy**, which recognises the critical role that primary care plays in cancer screening.

The Cancer Screening Handbook has been developed acknowledging these key focus areas, and as a guide for General Practice to assist in improving cancer screening participation in the Primary Care setting.

In addition to the handbook, there is a commitment from HNECC PHN to provide support to General Practice to address cancer screening participation rates through; the provision of resources, information and education and face to face visits with our Primary Care Improvement Team.

AT A GLANCE: SCREENING RATES FOR BOWEL, BREAST AND CERVICAL

Population based cancer screening programs lead to early detection of cancer in asymptomatic individuals, treatment at earlier stages of disease and subsequent reduction in illness and mortality. In NSW, participation in cervical, breast and bowel screening programs is significantly lower than national averages and targets.

Regional cancer screening rates (breast, bowel and cervical) for the Hunter New England and Central Coast overall sit just above the NSW average. However, in some communities and within priority populations in the region, screening rates are very low, coupled with high levels of incidence and mortality of associated cancers in particular regions and within disadvantages population groups across the region, compared to the NSW average.

Participation in screening programs is the single most important factor in reducing cancer incidence and mortality rates. Currently, Australia has three national cancer screening programs:


- [National Cervical Screening Program](#)
- [BreastScreen Australia](#)
- [National Bowel Cancer Screening Program](#)

It is well recognised through research that primary care has a critical role in prevention, early detection and treatment of cancer. Endorsement by GPs and other primary care providers increase participation in breast, cervical and bowel screening programs.



HELPFUL LINKS & RESOURCES

Cancer Screening participation rates for the HNECC PHN area are available by visiting our website; [click here](#)



IMPROVING CANCER SCREENING IN GENERAL PRACTICE

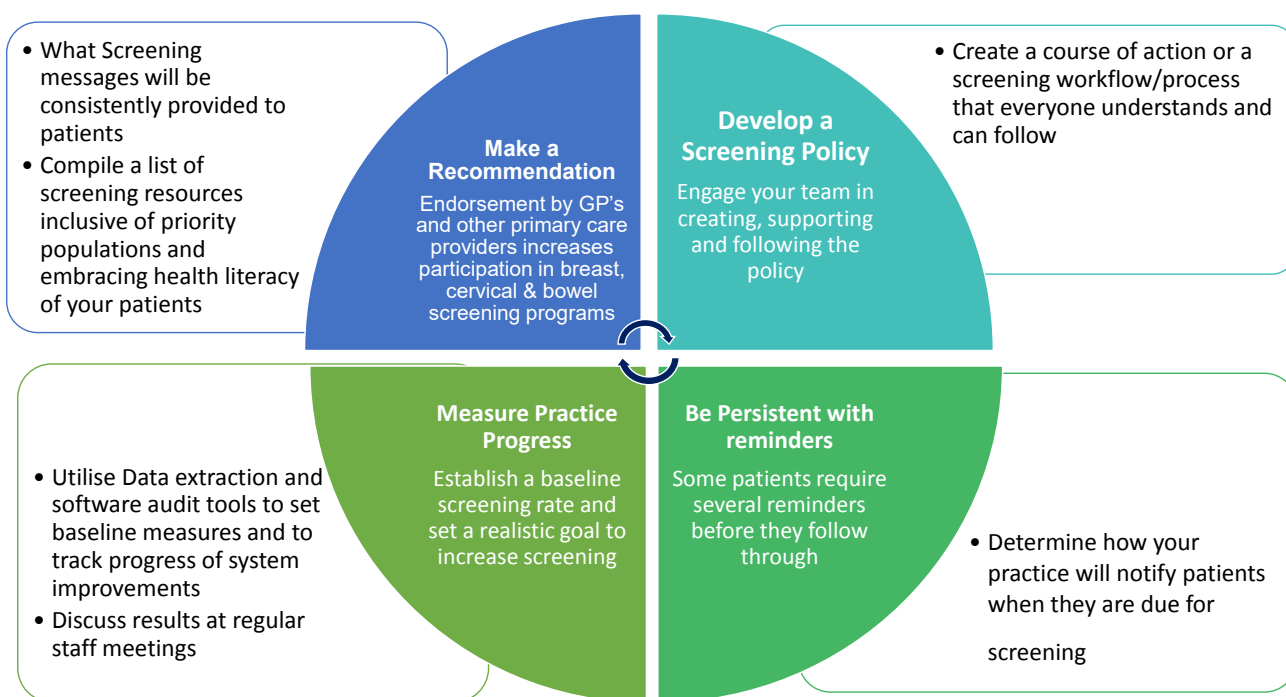


It is well recognised through research that primary care has a critical role in prevention, early detection and treatment of cancer.


Endorsement by GPs and other primary care providers increase participation in breast, cervical and bowel screening programs.

FOUR ESSENTIALS TO IMPROVING CANCER SCREENING IN PRIMARY CARE

1. Implement practice changes.
2. Take a person-centred approach to identify and screen every age-appropriate patient.
3. Involve staff and put office systems in place.
4. Follow a continuous improvement model to develop and test changes to your screening system.



NOTES:



NATIONAL SCREENING PROGRAMS

BREAST SCREENING

Breast screening can find cancers before they can be felt or noticed, offering a better chance of successful treatment and recovery.

BreastScreen NSW provides free screening mammography to asymptomatic women aged 40 or over every two years, with the aim of diagnosing breast cancer at an early stage.

BreastScreen actively invites women aged between 50 - 74, to have a screening mammogram every two years. This is because more than 75% of breast cancers occur in women aged over 50.

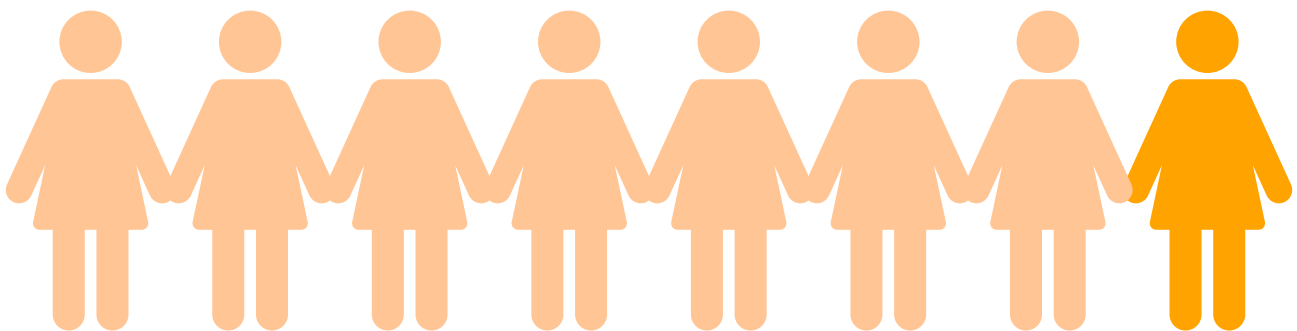
Women aged between 40 - 49, or 75 and older should talk to their GP about whether they should have a free screening mammogram. Screening mammograms are not effective for women under 40.

A referral is not required for BreastScreen, with women encouraged to call 13 20 50 to book an appointment.



HELPFUL TIPS

Electronic BreastScreen request form template is available in HNE and Central Coast [HealthPathways](#) for use with your clinical software.



1 in 8 women will develop breast cancer in their lifetime



HELPFUL LINKS & RESOURCES

[BreastScreen Australia](#)

[RACGP Early detection of Cancers: Breast Cancer](#)

[Your Role as a GP in BreastScreen NSW](#)

Email or print this useful information guide or Clinicians in your practice

Key points for practice: Breast Screening

BOWEL SCREENING

Bowel Cancer is the second most commonly occurring cancer in both men and women. Recent data show 92% of bowel cancers were found in people 50 years and over in NSW. If found early, 90% of bowel cancers can be successfully treated (Cancer Institute NSW 2017).

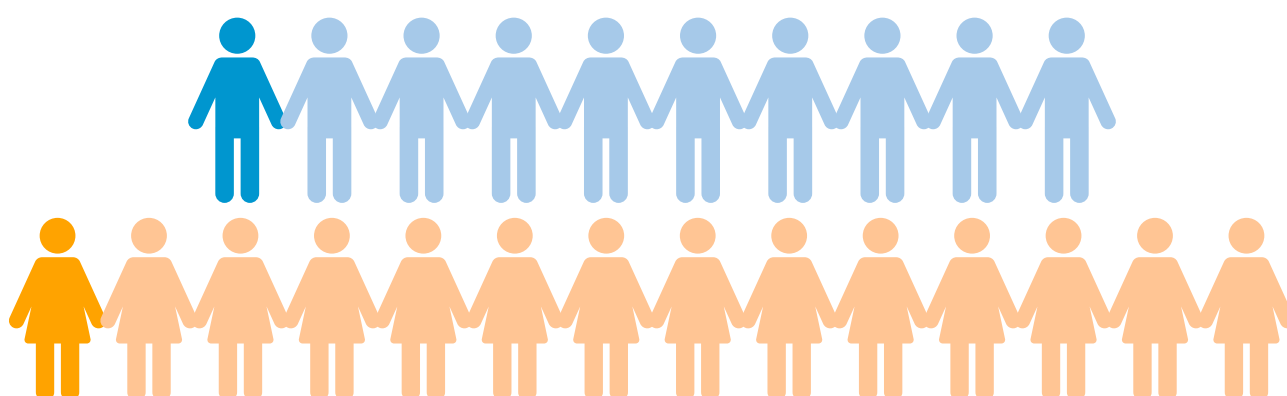
Bowel screening involves testing for bowel cancer in people who are asymptomatic. The aim is to find cancers early when they are easier to treat and cure. Screening can also find polyps, which may develop into cancer over time

The National Bowel Cancer Screening Program (NBCSP) offers immunochemical Faecal Occult Blood Test (FOBT) screening to Australians aged over 50 to screen for bowel cancer using a free, simple test at home. The National Program will not be fully implemented until 2020. It is important to check NBCSP eligibility to ensure patients are screening every 2 years.

Bowel Screening Participation in the Hunter New England and Central Coast PHN for

- **Men aged 50-54 is only 22.8%**
- **Women aged 50-54 is only 25.7%**

Report for Better Cancer Outcomes 2016



1 in 10 men and 1 in 14 women will be diagnosed with bowel cancer by 85¹



HELPFUL LINKS & RESOURCES

[National Bowel Cancer Screening Program](#)

[Cancer Institute NSW: Key Knowledge Points](#)

[RACGP Early detection of Cancers: Colorectal Cancer](#)

[GP factsheet with bowel screening pathway](#)

[Role of Health Professionals in Bowel Screening](#)

Email or print this useful information guide or Clinicians in your practice

[General Practice and the National Bowel Cancer Screening Program](#)

CERVICAL SCREENING

It is currently recommended that all women aged 18 - 69 years of age who have ever been sexually active, should have a pap smear every two years, even if they have received the HPV vaccine.

Future changes to cervical screening

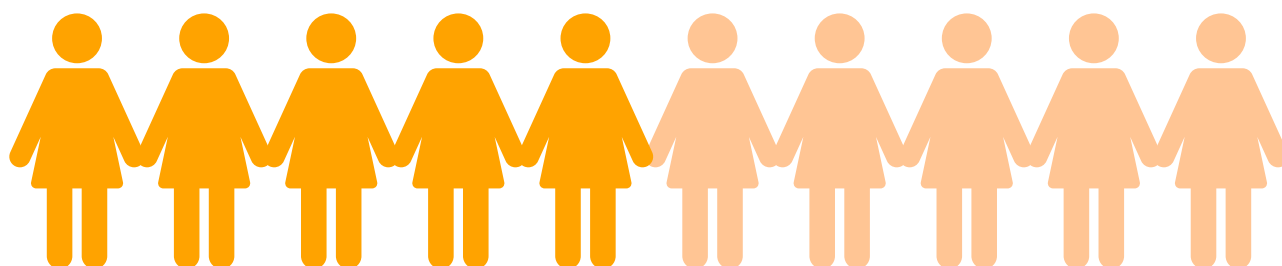
The Renewal of the National Cervical Screening Program will be implemented on 1 December 2017.

Until the renewed National Cervical Screening Program is implemented, it is important that women aged between 18 - 69 years continue to have Pap smears every two years and talk to their doctor or health care professional if they have any questions.

The renewed National Cervical Screening Program will invite women aged 25 - 74 years, both HPV vaccinated and unvaccinated, to undertake a HPV test every 5 years instead of a Pap smear every two years.

Read more about the [Future changes to the National Cervical Screening Program](#).

From 1 December, 2017, the primary HPV screening test will become available on the Medicare Benefits Schedule. More information for health care professionals on the arrangements for cervical cancer screening between now and 1 December 2017 is available on our [FAQ page](#).



On average, just over 50% of women in the HNECC PHN area participate in cervical screening



HELPFUL LINKS & RESOURCES

[National Cervical Screening Program](#)

[Cervical Screening NSW](#)

[Family Planning NSW](#)

[RACGP Early detection of Cancers: Cervical Cancer](#)

Email or print this useful information guide or Clinicians in your practice:

[Renewal of the National Cervical Screening Program \[NCSP\]](#)

NATIONAL BREAST, BOWEL AND CERVICAL SCREENING PROGRAM: PATIENT ELIGIBILITY

PROGRAM	WHO SHOULD CONSIDER SCREENING?	TEST TYPE & FREQUENCY
National Breast Screening Program	Women 50 - 74 years are actively invited to screen. Available to all women 40 and over.	Mammogram every 2 years
National Bowel Cancer Screening Program	Men and Women aged 50 - 74 years of age.	Faecal Occult Blood Test (FOBT) every 2 years
National Cervical Screening Program Until 1 December 2017	All women aged 18 - 70 years of age with an intact cervix who have ever been sexually active.	Pap Test every 2 years
National Cervical Screening Program From 1 December 2017	All women 25 - 70 years of age with an intact cervix who have ever been sexually active. NB: Women 70 - 74 years of age will be invited to have an exit test.	HPV test / Cervical Screening Test every 5 years



NOTES:



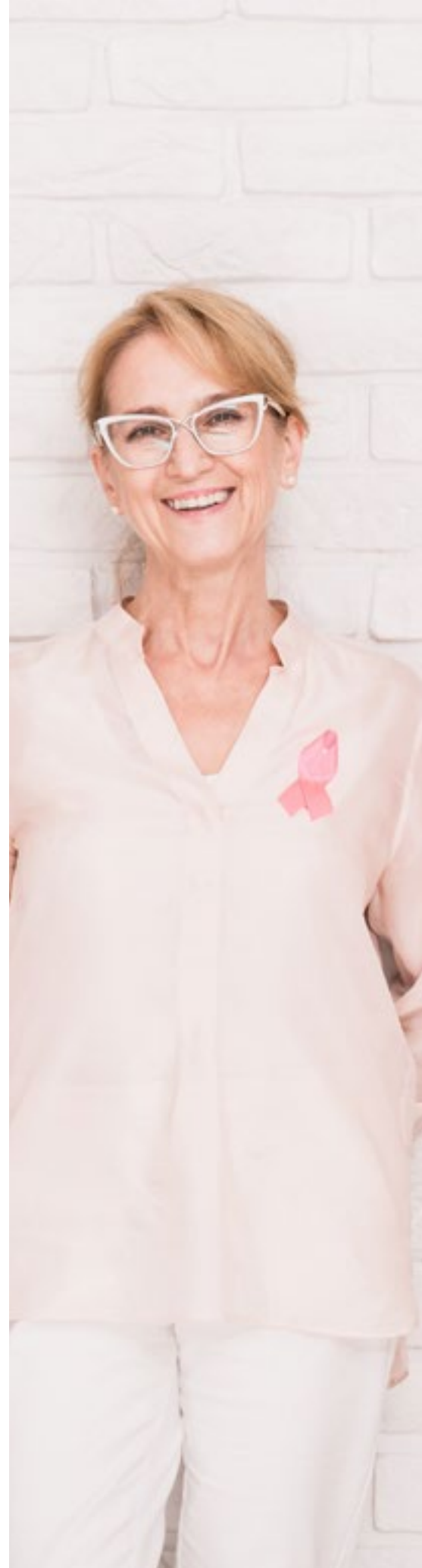
**CHANGE
PRINCIPLES**
FOR IMPROVING
CANCER
SCREENING

Improving cancer screening participation requires making changes to workflow, data systems and patient care. This involves discussing, reviewing and trialling new systems, inherently based on quality improvement.

The principles of Quality Improvement and ideas for change are based on evidence about what works for quality improvement in the primary care setting and support increasing participation in cancer screening.

The below table summarises what are identified as the most important change principles and ideas:

ENGAGE YOUR PRACTICE TEAM	<ul style="list-style-type: none">• Ensure team members have protected time to complete identified tasks• Set realistic goals and use data to drive improvement• Upskill the team to understand the principles and systems of cancer screening• Ensure the team is familiar with practice policies and screening processes
DEVELOP SYSTEM THAT SUPPORT CANCER SCREENING	<ul style="list-style-type: none">• Consider how, when and whom you will offer cancer screening• Develop and maintain an effective recall and reminder system• Utilise data extraction tools and clinical software to identify patient cohorts to target
DELIVER PERSON CENTRED CARE	<ul style="list-style-type: none">• Understand your patient demographics and identify barriers to patient screening• Use patient reported measures to drive improvement





The **General Practice Cancer Screening Quality Improvement Readiness Tool** has been developed to assist General Practices to identify; areas and opportunities for change and to support practice teams to build a sustainable team based approach to improve cancer screening.



**HELPFUL
TIPS**

Work with your Primary Care Improvement Officer to complete the readiness tool and generate great ideas to action.

Obtain a copy of Cancer Screening Quality Improvement toolkit

NOTES:



ENGAGING THE GENERAL PRACTICE TEAM

Engaged and effective practice teams are the absolute foundation of achieving sustainable change.

Building the team's engagement and commitment to the work together is often an area that is overlooked, and it becomes a weakness that impacts on achieving sustainable change.

If you want to change the cancer screening outcomes your practice is achieving, you will need to change what you are doing and it's only natural that this will require some change management. It's important not to assume the value of changes will be understood or accepted without some team building.



HELPFUL LINKS & RESOURCES

Visit the [RACGP Green Book](#) for some great tools and resources for checking in with your practice's readiness for change.

The background features a light blue gradient. In the lower half, there is a stylized illustration of a DNA double helix. The helix is composed of two strands, one colored in a light green and the other in a light blue. The strands are connected by horizontal rungs, some of which are decorated with traditional Aboriginal art patterns, including wavy lines and geometric shapes. The overall style is modern and scientific, with a cultural touch.

DEVELOPING A SYSTEMATIC APPROACH

Research shows that strong primary health care involvement has been associated with greater screening participation rates.

The following primary care activities have led to higher participation rates:

- Having a GP endorsed invitation to commence cancer screening
- Using recall and reminder systems
- Utilising data extraction tools and clinical software to identify patient cohorts to target



A Cancer Institute NSW pilot study found that there was a 60% increase in screening when a woman received a reminder from her GP, in addition to a reminder letter from the registry when compared to a woman who received a reminder from the registry only.

DATA CLEANSING

The information available in clinical software is invaluable when developing streamlined practice systems and providing quality patient care. For practice data to be useful, information within your clinical database must be accurate and up to date.

Ensuring electronic results are received correctly is key to providing patient care.

BOWEL	BREAST	CERVICAL
<p>Set up electronic results from Lavery Pathology for patients screened via National Bowel Cancer Screening Program.</p> <p>A new National Cancer Register will help to identify people who are due or overdue for bowel screening, set up patient reminders and order FOBT kits.</p>	<p>When introduced in 2018, utilise the BreastScreen NSW Electronic Messaging Service to ensure results delivered to a woman's nominated GP and enabling secure messaging referrals to BreastScreen.</p> <p>For further information and set up: HealthLink</p> <p>Cancer Institute NSW offers a data request service for Breastscreen. Download and complete the data request form.</p>	<p>Utilise the NSW Pap Register to receive names of overdue women as well as reminder messages. Requires Healthlink and either Best Practice or Medical Director.</p> <p>If you can't reach a patient, you can call the Register's Infoline on 13 15 56 or on 1800 671 693 to identify whether that patient has been screened elsewhere.</p> <p>From 1 December 2017, utilise the new National Cancer Register to identify women who are due or overdue for screening, and set up patient reminders.</p>



HELPFUL TIPS

- Regularly mark relevant patients as "inactive".
- Merge duplicate patient records
- Ensure pathology results are received in HL7 format.
- Develop and agree on processes to ensure data quality is maintained.
- Clean up reminder lists: **Ask your Primary Care Improvement Officer** for instructions on Bulk Reminder Clean Up.
- Document processes clearly in your Policy and Procedure Manual.
- Regularly discuss clinical coding in team meetings to develop clear standards and requirements for patient files.



WORK FLOW

Workflow is defined as a series of steps, frequently performed by different staff members that accomplishes a particular task. Workflows represent how work gets done, not the protocols that have been established to do the work.

Workflow mapping is a way of making the invisible “visible” to a practice to improve processes to increase efficiency, reduce errors, and improve outcomes.

Workflow mapping is the process of documenting the specific steps and actions that take place in completing a task. Creating a workflow map allows the opportunity to see what is currently happening, identify opportunities for improvement or change, and design new, more effective processes.

It is helpful to consider workflows associated with the following three processes:

1. **Perceived process (what we think is happening);**
2. **Reality process (what the process actually is); and**
3. **Ideal process (what the process could be).**



HELPFUL TIPS

Important rule of mapping: the person who controls the process controls the pen. Meaning whomever carries out the process, maps the steps.

- Be realistic: map what is happening not what is desired.
- Identify each step of the activity and person responsible.
- Communicate: ensure all involved team members involved understands how the activity is executed.



CANCER SCREENING SPECIFIC WORK FLOW

BOWEL	BREAST	CERVICAL
<p>Use the electronic National Bowel Cancer Screening Program GP Assessment Form for patients with a positive FOBT to update the Register. Notify of referral/non-referral for colonoscopy or other bowel examination. Provision of information will attract a payment.</p> <p>For patients requiring colonoscopy set up a pre-and post recall to ensure patient has attended colonoscopy then to ensure post colonoscopy recommended follow-up.</p>	<p>Download Medical Director (MD) or Best Practice (BP) electronic BreastScreen NSW patient referral letter from HealthPathways.</p> <p>Enter appropriate recall interval into EMR when patient result is received.</p>	<p>Review systems in place for recall and reminder of overdue women.</p> <p>Use CAT4 to identify and print reports of unscreened and under-screened women. Non-CAT practice, run Electronic Medical Record (EMR) data queries to identify unscreened women</p> <p>Review at risk and vulnerable populations at your practice such as Aboriginal women, Cultural and Linguistically Diverse (CALD), young women aged 25-34.</p>



HELPFUL LINKS & RESOURCES

Train IT Medical have sample workflows for:

[Correspondence Management](#)

[Train IT Medical Practice Management resources](#)

IMPLEMENTING ROBUST RECALL AND REMINDER SYSTEMS

The RACGP Standards for General Practice view a **reminder** as an offer to provide patients with systematic preventative care. A **recall** is when it is paramount for a patient to attend the clinic, usually in the instance of an abnormal result.

A recall is further defined as a system to make sure patients receive further medical advice on matters of clinical significance.

‘Clinical significance’ is determined by:

- the probability that the patient will be harmed if further medical advice is not obtained.
- the likely seriousness of the harm. It will be up to each practice to design a system which effectively differentiates between their general preventive reminders and their true recalls. *RACGP 2017*

Do you have systematic processes to ensure patients don’t “fall through the cracks”?



HELPFUL LINKS & RESOURCES

Speak to your Primary Care Improvement Officer to gain access to free Train IT resources and webinars.

- [The Do's and Don'ts of Patient SMS](#)
- [AMA Recall Systems and Patient Consent](#)

It is recommended that General Practitioners who are coordinating patient-centred care should not assume that clinical significant test results ordered by others have been adequately followed up.

Clear and agreed systems for receiving and following up on test results are needed to ensure safe and effective continuity of patient care.

For further information regarding RACGPs position on non-GP initiated testing [click here](#).



HELPFUL TIPS

- Ensure there is a written policy which is communicated to the practice team which outlines a consistent and validated process for recording results, entering recalls and sending reminders.
- Define roles and responsibilities for individual team members.
- Review systems for managing overdue patient recall and reminders.

Need advice with your recall and reminder policy?

Access support and templates through your accrediting body; AGPAL or GPA Accreditation.

HOW CAN PEN CS SUPPORT PATIENT BASED OUTCOMES IN GENERAL PRACTICE?

When leading change in a General Practice, you will require data to help guide your thinking, discussions and planning.

PEN Clinical Audit Tool (PEN CAT) is a user-friendly software tool that interrogates the data contained within GP clinical and management software. The extracted data can be then filtered to select a specific target group, and viewed through a range of clinically relevant patient reports to support quality improvement.

PEN CS and Your Practice

A significant number of General Practices across the HNECC PHN already use PEN CAT to investigate and report against their patient

data. Using PEN CAT to extract relevant data provides practices a range of benefits including:

- Improving the quality of patient care by identify patients requiring periodic cancer screening and ensuring the appropriate treatment or referral is delivered proactively.
- Identifying patients “at risk” of developing certain diseases or conditions and offering preventative treatment.



HELPFUL TIPS

- Use current data by performing monthly data collection
- Ensure correct coding principles are implemented to ensure data can be extracted.
- Upskill; participate in PEN CAT and Topbar [webinars](#) and speak with your Primary Care Improvement Officer to assist in understanding your practice data.

Ensure consistency when extracting data by saving your filtered searches.

Speak with your Primary Care Improvement Officer to find out how.

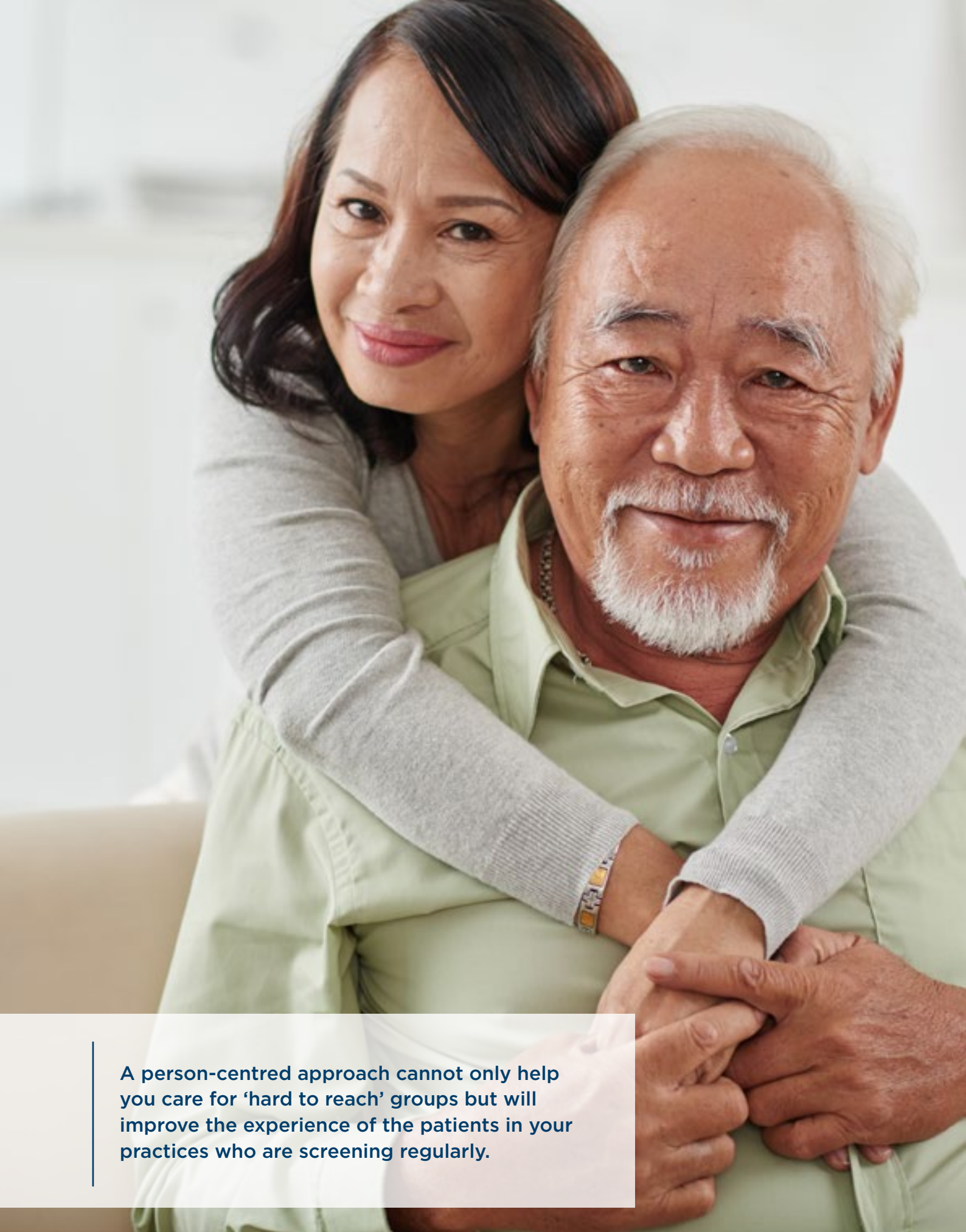


HELPFUL LINKS & RESOURCES

PEN CS has developed ‘recipes’ which are simple step by step guides to extract meaningful data correctly. Visit www.pencs.com.au to recipes identifying patients eligible for bowel, breast and cervical screening.

The background features a light blue gradient. In the lower half, there is a stylized illustration of a DNA double helix. The helix is composed of two strands, one colored in a light green and the other in a light blue. The strands are decorated with intricate Aboriginal art patterns, including concentric circles, wavy lines, and geometric shapes. The overall style is modern and culturally inspired.

PERSON CENTRED CARE



A person-centred approach cannot only help you care for 'hard to reach' groups but will improve the experience of the patients in your practices who are screening regularly.

There are many reasons that patients don't engage with health screening activities and it is often related to a complex range of social, cultural, individual and environmental factors.

Patients will frequently respond positively to even brief prevention activities and interventions, specifically, cancer screening (including screening mammography, faecal occult blood screening, Pap tests). *RACGP Green Book*.

In a Person Centred Health System; the person, their families and carers are at the centre of how care and is designed, planned, communicated and delivered. This is because ultimately, it is the values, resources and actions of the person and their carers that are the key determinants of health outcomes.

Every community has differing characteristics and it is ideal for a practice to identify its patient population; in particular if it has a high number of patients coming from priority and

diverse populations. These populations are often identified as **underscreened**.

They may include:

- Aboriginal and Torres Strait Islander
- People living with a disability
- People who identify as part of the LGBTQI community
- Culturally and Linguistically Diverse (CALD)
- Migrants including asylum seekers or those on long-term student visas
- Patients experiencing mental illness
- Homeless people

Ensuring vulnerable patients are identified and treated equitably is important for identifying disease early and for better health outcomes.



Supporting Culturally and Linguistically Diverse people, consider the following:

- The provision of resources in appropriate languages. These are available for order and download from National Screening programs.
- Use of interpreter services, ensure all clinicians in the practice are individually registered with the [Translator and Interpreter Service](#)
- Working with health promotion officers targeting CALD groups (contact Local Health District (LHD) community health for more information)
- Conducting workshops to educate and motivate CALD groups to attend screening
- Community presentations and displays e.g. to people from communities who are, or soon will be, eligible for mammography screening. Displays, promoting screening can be held at suitable CALD community events, such as a multicultural women's days.



To support people with disabilities, consider:

- Familiarising yourself with guidelines for provision of preventative health care for people with disabilities, and creating summaries of these guidelines for clinicians.
- Acknowledging the person's/carers expertise in how to manage the disability.
- Ensure that the building is accessible for those with a physical disability.
- Using alternative positions and instruments for cervical screening.
- Working with Residential Care Facilities to provide cancer screening in the person's place of residence.
- Resources available to support both men and women living with a disability to participate in screening:
 - [Being a Healthy Woman Factsheets](#)
 - [Just Checking Family Planning NSW](#)



HELPFUL LINKS & RESOURCES

The NSW Agency for Clinical Innovation has developed a series of videos designed to help health professionals understand the care needs of a person with intellectual disability. Organise a lunchtime learning or send this link to Clinicians to support care of patients living with a disability. [Click here](#)

Supporting Aboriginal people, consider the following;

- Aboriginal communities have a higher incidence of cancer than non-Aboriginal communities (461 per 100,000 compared with 434 per 100,000) and Aboriginal people are more likely to die from cancer than non-Aboriginal people (252 per 100,000 compared with 172 per 100,000)¹. This can be attributed to later stage cancer diagnosis, identifying the importance of screening.
- Aboriginal women with breast cancer tend to be diagnosed younger (50% new diagnoses are aged <55 years compared to only 36% in younger non-Aboriginal women). They also die earlier than non-Aboriginal women (in 2010, 47% of breast cancer deaths occurred in Aboriginal women aged less than 55 years, compared to 22% in younger non-Aboriginal women).²
- Culturally specific cancer screening resources are available for order or download by visiting the following sites;
 - **Breast**
 - **Bowel**
 - **Cervical** (New resources available Oct', Nov' 2017)
- In delivering effective health care it is important to identify Aboriginal patients in your practice. Information to support identification for your patients can be found at **One simple question could help you.**
- HNECC PHN Aboriginal Health Access team can assist you with Cultural Competency training and discuss with you how to conduct a Cultural Audit in your practice.
- Partner with your local Aboriginal Medical Service to deliver services that may be culturally sensitive (Men's and Women's business)
- Self-Collection within the Cervical Renewal program (December 2017) may assist increased participation in Cervical Screening (HPV) for Aboriginal women.

Useful Link:

Refer to the National Guide to Preventative Health in Aboriginal and Torres Strait Islander People with reference to Prevention and early detection of Cancer. [Click here](#) for your copy.



Aboriginal women are **four times more likely** to die from cervical cancer than non-Aboriginal women.

This suggests that Aboriginal women are less likely to have regular Pap tests to pick up early warning signs.

¹ NSW Cancer Plan, Cancer Institute NSW, Sydney, April 2016

² Currow D, Thomson W, Lu H, Cancer in NSW: Incidence and Mortality Report 2010. Sydney: Cancer Institute NSW, October 2015

HOW CAN GENERAL PRACTICE SUPPORT PARTICIPATION IN SCREENING PROGRAMS?

Research consistently demonstrates that encouragement from a primary care provider to screen for cancer is an important motivator in participation.

Participation can be encouraged through:

- Using **HealthPathways Cancer Screening** pathways
- Displaying brochures, flyers and posters in the waiting room.
- Utilise waiting room television to provide information about screening.
- Incorporate Cancer Screening discussion into routine consultation for **eligible patients** (with prompts/actions created in clinical software)
- Sending reminder or invitation letters to patients for breast, bowel and cervical screening
- Sample letters in rtf. format can be provided to assist in generating reminders,

just **ask your Primary Care Improvement Officer.**

- Screening prompts/questions within:
 - o 715 Aboriginal Health Assessment
 - o 45 - 49 year old Health Assessments,
 - o GP Management Plans
- Create telephone screening messages for when patients are on hold.
- Opportunistically discussing screening in vaccination consultations e.g. discussing cancer screening when administering influenza vaccination (all adults), Zostavax vaccination (71 - 74-year population)
- Appointing a Clinician to champion cancer screening within your practice



HELPFUL TIPS

Encourage a preventative health culture in your General Practice by checking for overdue screening in all consultations with eligible patients and offer the opportunity for screening.

Take advantage of **health calendar events** to undertake health promotion activities within the practice:

- June: **Bowel Cancer Awareness**
- October: **Breast Cancer Awareness**
- November: **Cervical Cancer Awareness**

Know how to insert a template into clinical software?

Visit trainitmedical.com.au for instructions

HNECC PHN has developed an **MBS guide** to assist with identifying item numbers associated with assessments

A photograph of three women of different ages and ethnicities sitting together outdoors, smiling at the camera. The woman on the left is young with long dark hair, wearing a plaid shirt over a black top. The woman in the middle is middle-aged with dark hair, wearing a green top with a white lace collar. The woman on the right is older with short blonde hair, wearing a coral-colored sweater. They are sitting on a concrete ledge in front of a modern building with large windows.

HEALTH PROMOTION: START THE CONVERSATION NOW

Although General Practices have been practicing health promotion for years, it is now generally agreed that applying a systematic approach to health promotion and illness prevention strategies, general practice can influence population health outcomes.

Consider the following information as a guide to possible activities to promote; breasts, bowel and cervical screening.

CHANGES TO RACGP STANDARDS OF GENERAL PRACTICE

RACGP Standards of General Practice 5th Ed Standards (draft) new indicators have been developed which directly link to health promotion and preventative care in General Practice. The Criterion in the 4th Ed Standards that covers Health Promotion was not mandatory, but is in the revised 5th Ed Standards.

5TH ED CRITERION	5TH ED INDICATOR	DESCRIPTION AND EXPLANATION	4TH ED CRITERION AND INDICATOR
4.1: Health promotion and preventive care	A. Our patients receive appropriately tailored information on health promotion, illness prevention and preventive care.	Practices are required to provide information on health promotion, illness prevention and preventive care.	Criterion 1.3.1



HELPFUL LINKS & RESOURCES

For further information relating to the development of the RACGP Standards of General Practice 5th Ed Standards, visit: [RACGP Standards](#)

The Standards will be launched at the RACGP Annual Conference, October 2017. General Practices will have the option of being accredited under the 4th Ed Standards or the 5th Ed Standards until October 2018. From 1 November 2018, all General Practices will be assessed and accredited against the 5th Ed Standards.

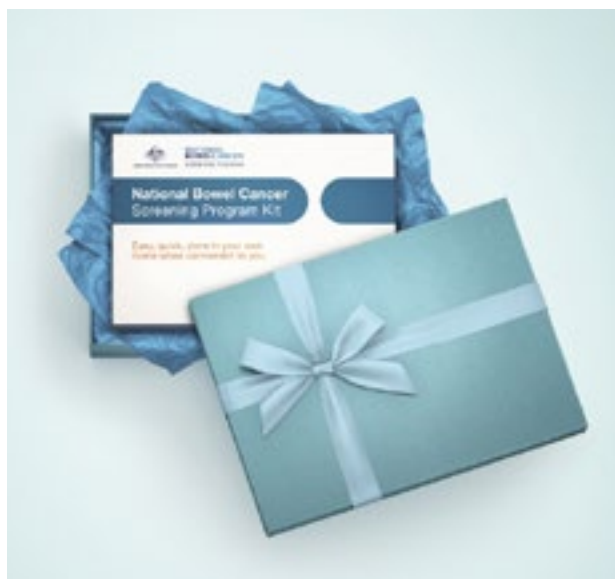
BOWEL CANCER SCREENING

The National Bowel Cancer Screening Program (NBCSP) offers a range of resources to utilise in the promotion of bowel screening to patients. Many men and women who are eligible (50 - 74 year old) for bowel screening do not understand the importance of participating in the program and at what age they are eligible and that they need to be screening every 2 years.

Promotion of the National Bowel Cancer Screening Program (NBCSP) through displays in the waiting room including; brochures and audio-visual through television, is an effective way to start the conversation with patients.

Actively promote the use of the NBCSP to patients and encourage use of kits. Check patient eligibility and offer screening if they are not currently receiving a kit. Replacement kits can be ordered on a case by case basis.
Phone: 1800 118 868.

Encourage patients to accurately fill out their NBCSP form to include their GP's details. This will assist with receipt of results.



Utilising Bowel Cancer Awareness month in June each year is a great way to raise awareness to your patients about the importance of screening.

Clinicians can obtain a Bowel Screening Kit from NBCSP to demonstrate how to complete the kit.



HELPFUL LINKS & RESOURCES

National Bowel Cancer Screening Program has a [range of resources](#) that are available to promote Bowel screening.

Cancer Institute: [Bowel Screening and Me.](#)

[Free awareness packs](#) have been developed to assist General Practices start the conversation with patients.

Nurse specific resources including [Guide for nurses working in General Practice and How to complete a Faecal Occult Blood Test](#) have been developed by Cancer Council WA in partnership with APNA.

[National Bowel Cancer Screening Program webinar](#): designed to help nurses working in primary health care understand their role around the program.

BREAST CANCER SCREENING

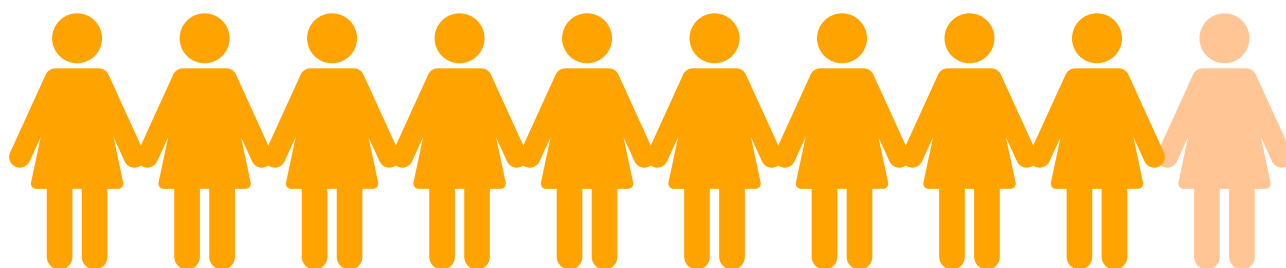
The risk of breast cancer increases with age. The incidence of breast cancer is also increasing. That's why the free breast screening program has now been expanded to include women up to 74 years of age.

Key messaging about breast screening is important and recommendation to make an appointment with BreastScreen when the van is in your local area will assist with screening participation. Visit BreastScreen NSW for [locations](#).

Promoting BreastScreen through displays in the waiting room including; brochures

and visual displays through television, is an effective way to start the conversation with patients. Visit [BreastScreen NSW](#)

Utilising Breast Cancer Awareness month in October each year is a great way to raise awareness to your patients about the importance of screening.



9 in 10 women in NSW with breast cancer do not have a family history

Have you thought about requesting a visit from your local BreastScreen?

They will be happy to visit your practice to talk about the BreastScreen process or to arrange your team to visit a BreastScreen NSW fixed or mobile site. This can be a great way to build relationships and a better understanding of the patient's journey through the breast screening pathway.

Call [Breast Screen](#) for more information.

Hunter: 02 4985 0500
Tamworth: 02 6767 8275
Erina: 13 20 50

Actively promote BreastScreen NSW free mammogram services in the practice, for women 50-74, women over 40 are eligible.

Encourage women to record their GP's details with BreastScreen NSW to ensure results are sent to the practice.

CERVICAL CANCER SCREENING

The National Cervical Screening Program aims to prevent cervical cancer by detecting early changes in the cervix. The rate of cervical cancer has halved since the Program began in 1991.

80% of cervical cancer occurs in women who have never screened or don't screen regularly. As General Practitioners and Practice Nurses take around 80% of all Pap smears, they are also in a key position to help women understand that cervical cancer is preventable.

Common reasons women give for not screening regularly include:

- **Forgetting when their next Pap smear is due.** Talk to women about the cervical screening register and/or your own practice's reminder system, if one is in place.
- **Embarrassment, anxiety or fear about the procedure.** Ask them what would make them feel more comfortable about having a Pap smear.
- **Lack of knowledge about the benefits of regular screening.** Explain that Pap smears are not a test for cancer, they are a test to help prevent cervical cancer.

- **Some women are reluctant to have a Pap smear taken by a general practitioner they know well or male clinician. This may be for cultural reasons.** Suggest an alternative practitioner or provide information on a local health service, family planning or sexual health clinic or Aboriginal Medical Service.
- **Expectation that if the general practitioner does not suggest a Pap smear, then the test is not important.** Research has shown that most women will accept their General Practitioner's advice about having one. Some women rely on their general practitioner to raise the issue.

With changes to cervical screening, it is important to provide information to women about the new program to allay concerns and address frequently asked questions. Resources will be available to order by visiting the National Cervical Screening Program



HELPFUL LINKS & RESOURCES

National Cervical Screening Program: [resources](#)

Family Planning NSW National Cervical Screening program: [Patient resource](#)

BE INFORMED, KNOW YOUR PATHWAYS

HealthPathways is an online health information portal for GPs and other primary health clinicians, to be used at the point of care. It provides information on how to assess and manage medical conditions, and how to refer patients to local specialists and services in the timeliest way.

As HealthPathways is a dynamic collaboration between local primary health care clinicians and the Local Health District there are separate portals for both the Hunter New England and Central Coast regions.

Up to date, evidence based resources for patients are available on the companion **PatientInfo** site which is not password protected and freely available to all members of the community.



Need assistance using HealthPathways?

Speak to your Primary Care Improvement Officer or visit www.hneccphn.com.au



HELPFUL LINKS & RESOURCES

Hunter New England HealthPathways

Username: hnehealth
Password: p1thw1ys

Central Coast HealthPathways

Username: centralcoast
Password: 1connect

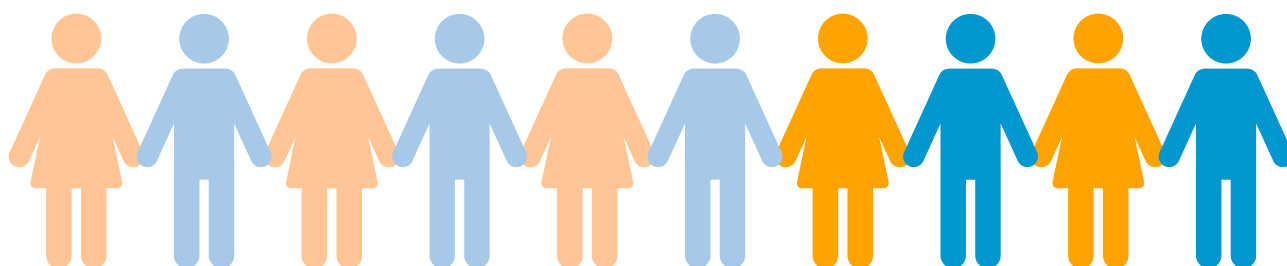
Central Coast, Hunter and New England [PatientInfo](#)

HEALTH LITERACY

Limited health literacy is associated with poor health and is a significant problem in Australia. Only about 40% of Australian adults can understand and apply health information in the way it is usually presented. This means that six in ten Australian adults are not able to make informed choices about their health, or the care that they receive.

HNECC PHN recognises the importance of clear communication in ensuring safe and

high-quality health care, including the need for health consumers to be able to access, understand and appropriately act on health-related information. HNECC has developed a Health Literacy Guide to help service providers produce health information that is appropriate for all consumers, including those with low health literacy.



Approximately 60% of Australian adults do not have the level of health literacy needed to understand and use day to day health information.



HELPFUL LINKS & RESOURCES

[Click here](#) to access HNECC PHN Health Literacy Guide

When developing patient information, consider using a [readability tool](#) to ensure that your information is user friendly.

Limited health literacy is associated with lower levels of cancer screening and a later stage cancer diagnoses*

*Friedman D.B. and Hoffman-Goetz L. [2008] "Literacy and health literacy as defined in cancer education research: A systematic review". Health Education Journal, December 2008 vol. 67 no. 4 285-304

NOTES:



APPENDIX

GENERAL PRACTICE AND THE NATIONAL BOWEL CANCER SCREENING PROGRAM



General Practice and the National Bowel Cancer Screening Program

The National Bowel Cancer Screening Program saves lives – but it can only work with the support of general practices. The evidence is clear that a recommendation from a primary healthcare provider is an important motivator for participation in bowel cancer screening.

How does the National Bowel Cancer Screening Program work?

The Program mails eligible 50 - 74 year olds bowel screening kits to complete at home. The Program is expanding and from 2019 all eligible people aged 50 - 74 years will be invited to screen every two years. The ages at which people will be invited are:

YEAR	ELIGIBLE AGES
2017	50, 54, 55, 58, 60, 64, 68, 70, 72, 74
2018	50, 54, 58, 60, 62, 64, 66, 68, 70, 72, 74
from 2019	50, 52, 54, 56, 58, 60, 62, 64, 66, 68, 70, 72, 74

An online eligibility calculator is available at www.cancerscreening.gov.au/eligibility

Why is bowel screening important?

- Australia has one of the highest rates of bowel cancer in the world - around 17,000 people are diagnosed each year.
- If found early 9 out of 10 cases of bowel cancer can be successfully treated.
- Around 9 out of 10 Australians diagnosed with bowel cancer are over 50 years old.
- Faecal occult blood test screening is recommended at least every two years for people over the age of 50 who are at, or slightly above, average risk for bowel cancer (about 98% of the population).
- Since the Program began in 2006, over 3.5 million Australians have been screened and about 186,000 participants have had a diagnostic assessment to follow up a positive result. Of those assessed, 1 in 32 have been diagnosed with a confirmed or suspected cancer and 1 in 7 have had an adenoma detected.
- A 2014 study found that people who were invited to screen through the Program had 15% less risk of dying from bowel cancer, and were more likely to have less-advanced bowel cancers when diagnosed, than people who were not invited.

How can general practices support participation in the Program?

- Displaying brochures, flyers and posters – [Order Program Resources](#)
- Talking to patients aged 50-74 years about bowel cancer screening - [Download Clinical Resources](#) or [Check when an individual will get a kit](#)

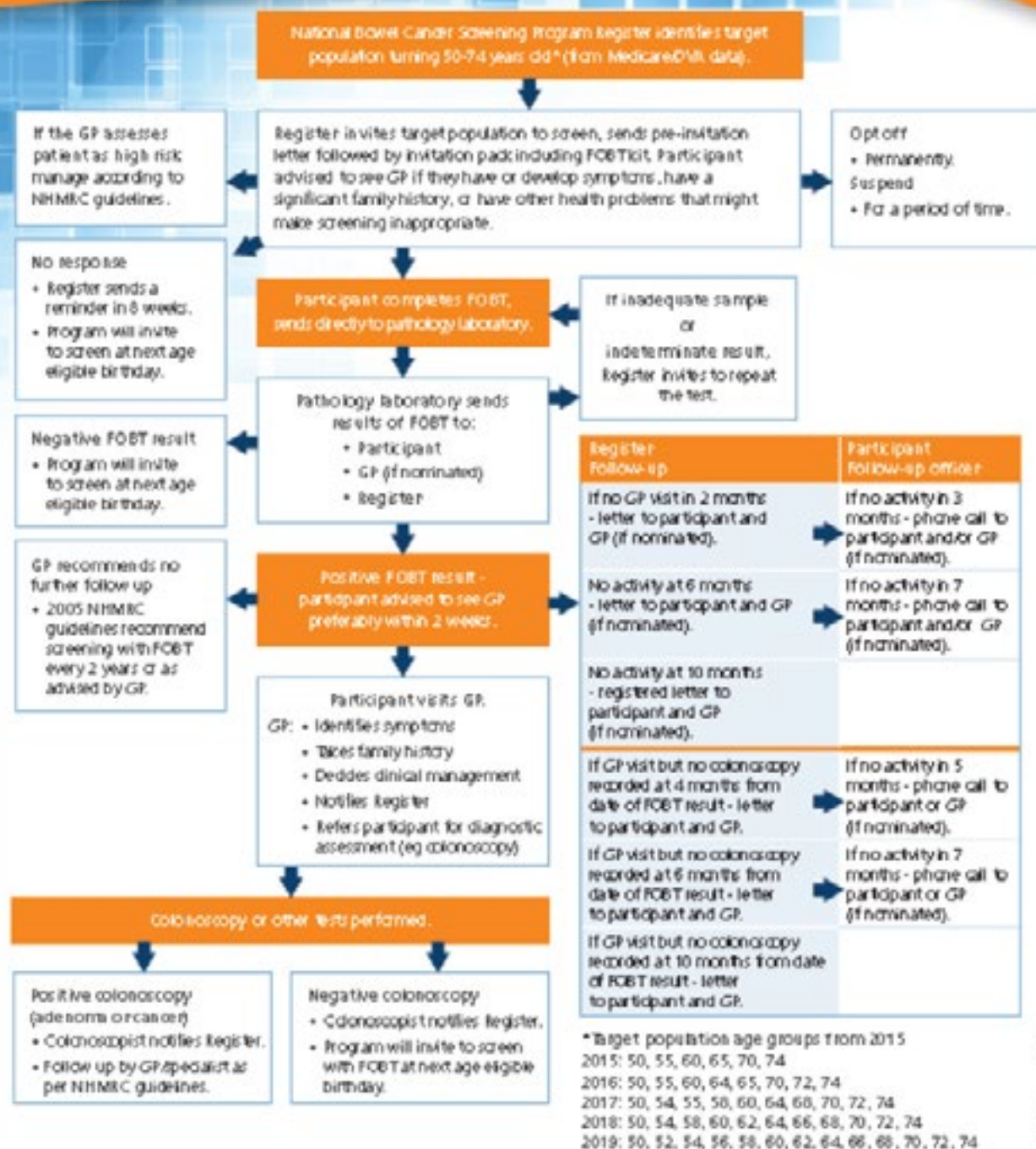
- Demonstrating how to use a kit. Order demonstration kits at NBCSP@health.gov.au
- Sending a letter to 49 year olds to encourage participation - [Download a template letter](#)
- Knowing the Program – for GPs these [Short Videos](#) on the NBCSP includes information on screening, classification of risk and referral to colonoscopy. For nurses this one hour [Webinar](#) includes information on bowel cancer, screening and how nurses working in general practice can approach bowel screening with patients.

How can general practices support better reporting?

- The annual [NBCSP Monitoring Report](#) includes data on participation, positivity and diagnostic assessment rates. Reporting from health care professionals is critical to monitoring outcomes. GPs are asked to:
 - **Submit the GP Assessment Form electronically** or by post or fax to notify the Program Register of referral/non referral for colonoscopy or other bowel examination for participants with a positive result. Provision of information will attract a payment.
 - **Indicate whether a patient referred for colonoscopy is an NBCSP participant** to assist with reporting to the Program Register. Program stickers are available by calling the Information Line on 1800 118 868.

For more information please email nbcsp@health.gov.au

PARTICIPANT'S SCREENING PATHWAY



11531 May 2016

Age Eligibility by Year of Birth

☐ Unshaded box indicates age cohorts invited from 1 January in each year.

Phased implementation of biennial
screening for 50 – 74 year olds

Year of birth	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1941	65	66	67	68	69	70	71	72	73	74	75	76	77	78
1942	64	65	66	67	68	69	70	71	72	73	74	75	76	77
1943	63	64	65	66	67	68	69	70	71	72	73	74	75	76
1944	62	63	64	65	66	67	68	69	70	71	72	73	74	75
1945	61	62	63	64	65	66	67	68	69	70	71	72	73	74
1946	60	61	62	63	64	65	66	67	68	69	70	71	72	73
1947	59	60	61	62	63	64	65	66	67	68	69	70	71	72
1948	58	59	60	61	62	63	64	65	66	67	68	69	70	71
1949	57	58	59	60	61	62	63	64	65	66	67	68	69	70
1950	56	57	58	59	60	61	62	63	64	65	66	67	68	69
1951	55	56	57	58	59	60	61	62	63	64	65	66	67	68
1952	54	55	56	57	58	59	60	61	62	63	64	65	66	67
1953	53	54	55	56	57	58	59	60	61	62	63	64	65	66
1954	52	53	54	55	56	57	58	59	60	61	62	63	64	65
1955	51	52	53	54	55	56	57	58	59	60	61	62	63	64
1956	50	51	52	53	54	55	56	57	58	59	60	61	62	63
1957	49	50	51	52	53	54	55	56	57	58	59	60	61	62
1958	48	49	50	51	52	53	54	55	56	57	58	59	60	61
1959	47	48	49	50	51	52	53	54	55	56	57	58	59	60
1960	46	47	48	49	50	51	52	53	54	55	56	57	58	59
1961	45	46	47	48	49	50	51	52	53	54	55	56	57	58
1962	44	45	46	47	48	49	50	51	52	53	54	55	56	57
1963	43	44	45	46	47	48	49	50	51	52	53	54	55	56
1964	42	43	44	45	46	47	48	49	50	51	52	53	54	55
1965	41	42	43	44	45	46	47	48	49	50	51	52	53	54
1966	40	41	42	43	44	45	46	47	48	49	50	51	52	53
1967	39	40	41	42	43	44	45	46	47	48	49	50	51	52
1968	38	39	40	41	42	43	44	45	46	47	48	49	50	51
1969	37	38	39	40	41	42	43	44	45	46	47	48	49	50

KEY POINTS FOR PRACTICE: RENEWAL OF THE NATIONAL CERVICAL SCREENING PROGRAM (NCSP) JUNE 2017

Following the delay to implementation of the renewed NCSP, all cervical screening providers are reminded the following arrangements remain in place until **30 November 2017**.

Until 30 November 2017:

- All women between 18 and 69 years of age who have ever been sexually active still need to have a Pap test every two years.
- Cytology remains the primary method for cervical screening. Liquid-based cytology (LBC) has been added to the Medical Benefits Schedule (MBS) for cervical screening. Either conventional cytology (smear) or LBC may be used, but only one item can be claimed. Liaise with your pathology provider for directions about preparing conventional or LBC samples.

CERVICAL SCREENING TESTS FUNDED THROUGH MEDICARE BENEFITS SCHEDULE [MBS]

Before 1 May 2017	1 May 2017-30 November 2017	From 1 December 2017
Cytology	Cytology* OR Liquid-based cytology [LBC]*	HPV test with partial genotyping, reflex LBC on HPV-positive samples

*Only one test per patient is funded on the MBS; performing both tests will incur an out-of-pocket cost for your patient.

- The [NHMRC Screening to prevent cervical cancer: Guidelines for the management of asymptomatic women with screen-detected abnormalities \(2005\)](#) remain in place.
- HPV (human papillomavirus) testing is not available as the primary method for cervical screening until 1 December 2017 – until that time it is not on the MBS and an out-of-pocket cost for women will be incurred. The NSW Pap Test Register is not configured to support follow-up after HPV tests, and the current clinical practice guidelines do not support HPV testing as the primary screening test.
 - o If the result from their Cervical Screening Test is HPV-negative they will be invited to screen again in five years.
- New clinical practice guidelines will inform the management of any women who are currently undergoing investigation, treatment or follow-up for cervical abnormalities.
- For information about the changes to the NCSP, see this [factsheet for health professionals](#) or contact the NSW Cervical Screening Program at cervicalscreening@cancerinstitute.org.au

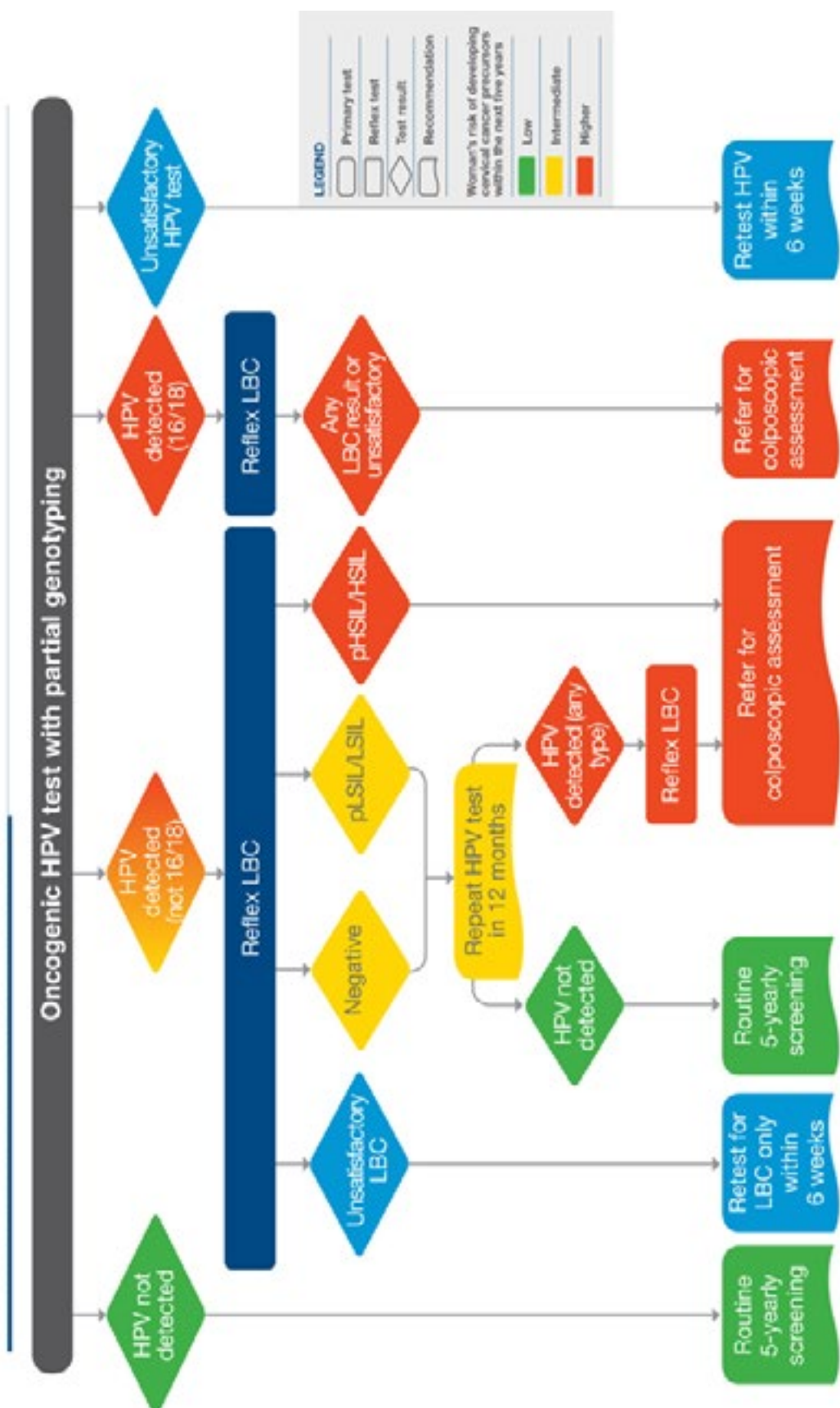
Transitioning women to the renewed National Cervical Screening Program

From 1 December 2017:

- Women with a normal screening history will be due for their first Cervical Screening Test (HPV test) two years after their last Pap test. Women will be sent an invitation to screen when they are due.

Further information – including training, resources and the National Cancer Screening Register – will be circulated from the NSW Cervical Screening Program as it becomes available.

CERVICAL SCREENING PATHWAY



Recommended pathway: Cervical Cancer Screening Program Clinical Guidelines, National Cervical Screening Program Guidelines for the management of women with abnormal cytology results, screening and management of abnormal cytology results (SCCA 2015). Adaptation from HPV genotyping and reflex LBC for women with abnormal cytology results, Cervical Screening

NATIONAL
CERVICAL SCREENING
PROGRAM
A joint Australian State and Territory Government Program

Australian Government
Department of Health

Cancer Council
Australia

KEY POINTS FOR GENERAL PRACTICE: BREAST SCREENING

Breast cancer is the most commonly diagnosed cancer in Australian women (excluding basal and squamous cell carcinoma of the skin), comprising 27% of all female cancers, and with an incidence rate of around 115 new cases per 100,000 women; it is second only to lung cancer in cancer deaths in Australian women².

BreastScreen NSW is part of a national program, BreastScreen Australia, which is jointly funded by the Commonwealth and state and territory governments. This government funded service aims to detect breast cancer early before it has a chance to spread.

BreastScreen actively targets asymptomatic women aged 50 - 74 years for a free screening mammogram every 2 years. The majority of breast cancers occur in women aged over 50 years. Further, screening mammograms have been shown to be of most benefit, in terms of deaths prevented, for women in this age group.

Women aged 40 - 49 with no symptoms are eligible to attend BreastScreen. Screening mammography is less effective in women of this age group because of biological differences in the breast tissue of pre-menopausal women. This results in more false negative results due to the low sensitivity of screening in this age group. Women aged over 74 years are eligible to attend; however, it is recommended that it is discussed with patients whether breast screening is a priority.

Regular two yearly breast screens remain the most proven method of detecting breast cancer in its early stages³. Early detection improves treatment options and can often mean less intervention and time away from home and family members. 1 in 8 women in NSW will develop breast cancer in their lifetime, yet only 1 in 2 attend for regular breast screening.

Recent research undertaken by BreastScreen NSW identified that GP's have a significant influence on a woman's decision to have a breast screen. In fact, women are more likely to have a mammogram if advised by their GP than by anyone else.

There are good reasons to recommend BreastScreen NSW to your eligible patients:

- Two yearly breast screens are **FREE** for eligible asymptomatic women
- All screens are independently read by two specially trained doctors
- BreastScreen NSW is equipped with the latest digital technology

Although a referral isn't essential, when your patient provides Breast Screen with your details as her primary healthcare provider, you will be kept informed throughout her screening and assessment process.

Bookings can be made by calling 13 20 50

High Risk and Underscreened Populations

High Risk: Women with an increased risk of breast cancer should be screened earlier and more regularly. From the age of 40, it is recommended that women have a mammogram annually if:

- they have a **first-degree relative** (a person's parent, sibling or child) who has been diagnosed with breast cancer before the age of 50
- they are assessed by BreastScreen NSW and/or their doctor as being '**High Risk (Category 3)**', using the Familial Risk Assessment – Breast and Ovarian Cancer tool, developed by [Cancer Australia](#).

Underscreened: In HNECC PHN, Aboriginal women have low participation rate in breast screening compared to non- Aboriginal women.

Underscreened: In HNECC PHN, breast screening of women of culturally and linguistically diverse (CALD) backgrounds.

Underscreened: Women aged 50 - 54 have lower participation rates in breast screening. In 2014 - 15, 54.9% of women aged 50 - 54 in HNECC PHN participated in breast screening vs 64.5% women aged 65 - 69 for the respective⁴.

Role of health professionals

Evidence shows that women are more likely to be screened for breast cancer if their general practitioner encourages them. Although a referral isn't required for BreastScreen, health professionals are fundamental to encouraging women to book a screening mammogram.

Health professionals can increase women's confidence in breast screening by helping them to understand:

- the benefits and the limitations of the mammogram
- symptoms of breast cancer
- treatment options, if they have an abnormality.

Breast Screening pathways can be accessed thorough HNE and Central Coast *HealthPathways*

Download your copy of [Your Role as a GP in BreastScreen NSW](#)

¹AIHW 2014. BreastScreen Australia monitoring report 2011-2012. Cancer series no. 86. Cat. no. CAN 83. Canberra: AIHW.
Reporting for Better Cancer Outcomes Performance Report 2016, HNECCPHN Government & NSW Cancer Institute.

The BreastScreen NSW Journey



Identification of eligible patients

Recommended every two years	Target age group: 50–74 years	Eligible women: 40–49 and 74+ years	Annual screening available for eligible women under the BreastScreen Screening Interval Policy	Symptomatic women should be referred to a specialist clinic or breast surgeon
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Booking an appointment

No referral required, however we encourage you to recommend your patients book an appointment	Contact 13 20 50 to book an appointment	Contact 13 14 50 for interpreter's assistance when booking an appointment	Visit the website www.breastscreen.nsw.gov.au for further information and to find out the location of the nearest BreastScreen service
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The appointment

20 minute appointment	All female radiographers	Consent and patient details will be required before the mammogram	At least two specially trained radiologists independently read x-ray images	The results of the mammogram will be provided to the woman within two weeks	If the patient confirms, the GP will be provided with a copy of the results from BreastScreen NSW
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Assessment Clinic appointment (if required)

If an abnormality is found on the mammogram, the woman will need to return for further tests at an Assessment Clinic	Further tests can include further mammogram, breast ultrasound, clinical breast examination or needle biopsy	Depending on the outcomes of these tests, the woman will be asked to return to her GP for referral to a specialist for further treatment or to return to routine screening	If the patient confirms, the GP will be provided with a copy of the results from BreastScreen NSW.
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GP follow up

BreastScreen NSW recommends GPs follow up with their patients to ensure they are attending regular mammograms	After receiving a results letter on behalf of a patient, GPs are urged to place a rescreen reminder in their records for the patient's next mammogram appointment	If breast cancer is diagnosed, you as her nominated GP are encouraged to discuss the woman's treatment preferences and make a referral to a breast cancer multidisciplinary team for further consideration of treatment recommendations.
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For further information about BreastScreen NSW visit breastscreen.nsw.gov.au



HNECC PHN acknowledges the traditional owners and custodians of the lands that we live and work on as the First People of this Country.

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