



Cancer screening and primary care: A quality improvement toolkit | Quick-start guide



This toolkit provides general practices with a clear and easy-to-follow roadmap for improving cancer screening rates.

It will guide your practice through the steps required to:

- establish accurate cancer screening participation rates
- identify patients who are overdue for screening
- establish an effective cancer screening reminder system
- deliver patient-centred care to patients at increased risk of non-participation in screening.

The work your practice undertakes as part of the toolkit can contribute to your eligibility for the Practice Incentive Program Quality Improvement Incentive.

Speak to your primary health network (PHN) representative for more information.

Why is cancer screening so important?

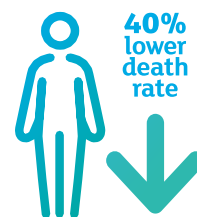
People with breast, cervical and bowel cancers detected through national cancer screening programs have better cancer survival outcomes than those diagnosed who had never been screened.¹

In 2018, the Australian Institute of Health and Welfare (AIHW) conducted an analysis of cancer outcomes and screening behaviour for national cancer screening programs in Australia. This analysis revealed the following:

Bowel Cancer

This study looked at people aged 50–69 who were diagnosed with bowel cancer between 2006 (when the screening program started) and 2012.

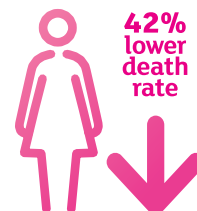
Finding: People with cancers diagnosed through the National Bowel Cancer Screening Program had a 40% lower risk of dying by 2015 than those who had not been invited during the study period.



Breast Cancer

This study looked at women aged 50–69 who were diagnosed with breast cancer between 2002 and 2012.

Finding: Women with cancers diagnosed through BreastScreen had a 42% lower risk of dying by 2015 than women with cancers who had never been screened.



Cervical Cancer

This study looked at women aged 20–69 who were diagnosed with cervical cancer between 2002 and 2012.

Finding: Women with cancers diagnosed through cervical screening had an 87% lower risk of dying by 2015 than women with cancers who had never had a Pap test.



Why do cancer screening rates need improving?



6 out of 10

eligible people are **not participating** in the National Bowel Cancer Screening Program



of eligible women are **overdue** for a screening mammogram



People from Aboriginal and Torres Strait Islander or culturally and linguistically diverse backgrounds are **less likely** to participate in bowel, breast and cervical screening.

4 in 10

eligible women are **overdue** for cervical screening

Why is the role of primary care so important?

Patients who are reminded by their GP to attend cancer screening are more likely to screen.²

Formative research conducted by the Cancer Institute NSW found that 60% of patients surveyed reported they were more likely to screen when reminded by their GP than when reminded by a registry only.²

General practices across NSW and Australia have completed cancer screening quality improvement projects to trial ways to improve cancer screening participation.

Practices participating in Cancer Institute NSW cancer screening quality improvement pilots identified that:

- many patients, including those who had never screened, were “falling through the gaps” of practice reminder systems patient surveys helped identify simple solutions, such as offering women’s health clinics in the evening, boosted screening rates
- cleaning up data revealed lower-than-expected cancer screening participation rates, and identified cohorts of under-screener.

What can be found in this toolkit?

This toolkit puts together lessons and evidence from the cancer screening programs and the Royal Australian College of General Practitioners *Putting Prevention Into Practice* (‘the Green Book’) to give you a clear and easy-to-follow roadmap for improving cancer screening rates.³

The toolkit is broken into five modules that you can complete at your own pace. As a guide, aim to complete one module per month.

Each module begins with a work plan that guides you through implementing the module.

Depending on your practice’s needs, the toolkit can support ‘fine tuning’ of existing systems, or creation of whole new approaches to cancer screening.



Module 1: Commit

An overview of quality improvement principles and aims, as well as an introduction to the bowel, breast and cervical programs.



Module 2: Clean

Eight steps to establish clean cancer screening data and a cancer screening participation baseline for your practice.



Module 3: Connect

Guidelines on how to improve cancer screening reminders and point-of-care information for patients.



Module 4: Care

Information and resources to improve your practice’s delivery of patient-centred care for those most at risk of non-participation in cancer screening.



Module 5: Continue

How to review and clarify that the work you have done will result in sustainable improvements to your practice’s cancer screening systems and processes.

References:

1. Australian Institute of Health and Welfare (AIHW): Analysis of cancer outcomes and screening behaviour for national cancer screening programs in Australia. Canberra: AIHW, 2018.
2. Cancer Institute NSW. Project overview for the NSW Pap Test Register Electronic Reminder Service for GPs (Internal document). Sydney: Cancer Institute NSW, 2016.
3. Duffy S, Myles J, Maroni R, Mohammad A. Rapid review of evaluation of interventions to improve participation in cancer screening services. J Med Screen 2017 Sep;24(3):127-145.

Getting started

Before you begin working through this toolkit, it's important to complete the following steps.

✓ **Nominate your team**

Sustainable change requires an engaged team. It is important that, before you begin, your practice establishes a cancer screening quality improvement 'micro-team'. Their role will be to:

- undertake the implementation of quality improvement activities
- champion cancer screening quality improvement across the practice team.

Ideally, this team will include the following practice staff:

- **Practice manager/Senior administrator:** This person will be the toolkit lead and oversee the system improvement work.

- **General practitioner:** The GP's role is to provide clinical advice and to act as a clinical champion for cancer screening quality improvement.
- **Practice nurse:** Nurses play an important role in data cleaning and supporting improvements in patient education and counselling.
- **Member of the reception team:** The reception team play an important role in reminder systems and cancer screening awareness raising.

If it's not possible for your practice to include all of these staff, at a minimum, you need to have a practice manager/senior administrator and a GP to lead and champion the work.

✓ **Familiarise yourself with the work plans**

At the start of each module in this toolkit, you will find a '**Work plan template**'.

Completing the work plan will help you to:

- understand what work needs to be undertaken
- set your goals
- create shared accountability
- keep on track.

Before you begin work on the toolkit, your quality improvement team should decide when and how you will:

- get together to complete each module's work plan (it is best to complete each module's work plan just before you begin work on that module)
- review progress against the work plans
- report progress back to the whole practice team (and your patients, where appropriate).

✓ **Use the cancer screening quality improvement readiness tool**

The work plans at the start of the modules step you through strategies for overcoming the common problems that limit patient participation in cancer screening.

Given each practice is unique, your team might like to carry out additional problem analysis to identify areas for improvement for your practice.

The 'Cancer screening quality improvement readiness tool' was adapted from a tool developed by the Hunter New England and Central Coast Primary Health Network. It is easy to use and will help your practice team to identify areas for improvement.

Using the 'Cancer screening quality improvement readiness tool', and reflecting on 'Common challenges and what works' in Module 1, is a simple way for your team to undertake a problem analysis.

✓ **Complete the surveys**

It is important that your team completes the pre- and post-surveys provided before you begin the toolkit, and on completion of the toolkit.

Your Primary Health Network representative will provide you with a copy of these surveys.

These surveys:

- allow you to provide feedback about the toolkit
- monitor the effectiveness of the toolkit
- support accreditation and continuing professional development (CPD) processes (speak to your primary health network for more information).