

# Cancer screening and primary care

## Quick start guide

### The role of general practice

#### Getting started

**Patients who are reminded by their GP to attend cancer screening are more likely to screen.<sup>1</sup>**

- » 60 per cent of patients surveyed by the Cancer Institute NSW reported they were more likely to screen when reminded by their GP than when reminded by a registry only.<sup>1</sup>
- » Cancer screening reduces cancer-related morbidity and mortality by finding cancer earlier.
- » Early detection can result in patients avoiding radical surgery or adjuvant therapies (chemotherapy or radiotherapy).<sup>1</sup>

#### Aims of cancer screening:

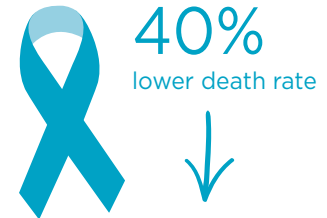
- » establish accurate cancer screening participation rates
- » identify patients who are overdue for screening
- » establish an effective cancer screening reminder system
- » deliver patient-centred care to patients at increased risk of non-participation in screening.

## Why is cancer screening so important?

### 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.

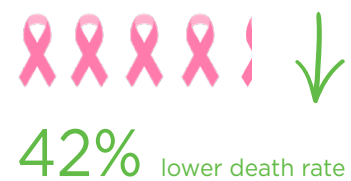
**Finding:** People with cancers diagnosed through the National Bowel Cancer Screening Program had a 40 per cent lower risk of dying by 2015 than those who had not been invited during the study period.



### Breast Cancer

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

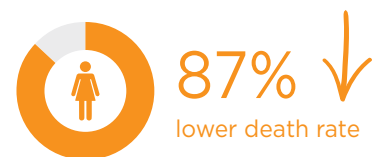
**Finding:** Women with cancers diagnosed through BreastScreen had a 42 per cent lower risk of dying by 2015 than women with cancers who had never been screened.



### 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 per cent lower risk of dying by 2015 than women with cancers who had never had a Pap test.



*This resource has been adapted from Cancer Institute NSW/Cancer Screening Toolkit 2019.*



NQPHN acknowledges the Aboriginal and Torres Strait Islander peoples as Australia's First Nation Peoples and the Traditional Custodians of this land. We respect their continued connection to land and sea, country, kin, and community. We also pay our respect to their Elders past, present, and emerging as the custodians of knowledge and lore.



# Quick start guide

## Getting started

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

### ✔ **Nominate your team**

Effective and sustainable change that facilitates Continuous Quality Improvement (CQI) requires an engaged team.

Ideally, your team will include:

- » **Practice manager/Senior administrator:** The CQI lead who will oversee the system improvement work.
- » **General practitioner:** Clinical champion providing clinical advice.
- » **Practice nurse:** Responsible for patient education, data cleaning, and supporting improvements.
- » **Reception:** Raising awareness of cancer screening and important role in reminder systems.

The minimum requirement for successful change: A practice manager/senior administrator and a GP are required to lead and champion the work.

### ✔ **Familiarise yourself with the CQI goals**

- » Understand what work needs to be done.
- » Set your practice's goals.
- » Create **shared** accountability.
- » Keep on track.

Establish with your team when and how you will:

- » get together to discuss each module of work as it is received
- » review monthly progress against modules
- » report progress back to the entire practice team\* (and your patients, where appropriate).

\*The practice team will want to know how the program will impact on the day-to-day functioning of the practice.

### ✔ **Use the Cancer Screening Quality Improvement Toolkit**

The '[Cancer Screening Quality Improvement Toolkit 2019](#)' is used to help your practice identify areas for improvement. It has been developed by Murray PHN, Western Victoria PHN, and North Western Melbourne PHN.

#### References:

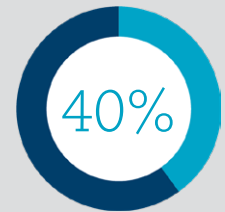
1. Australian Institute of Health and Welfare (AIHW): Analysis of cancer outcomes and screening behaviour for national cancer screening programs in Australia. Canberra: AIHW, 2018.
2. Cancer Institute NSW. Project overview for the NSW Pap Test Register Electronic Reminder Service for GPs (Internal document). 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.

## NON-PARTICIPATION RATES

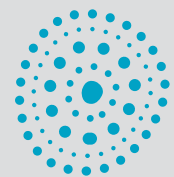


# 6 out of 10

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