

Women's Cancer Screening Collaborative

Handbook



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NSW Primary Care Strategy for the bowel, breast and cervical screening programs:

The Critical Factors For Success



Establishment of an appropriate governance structure that promotes integration of cancer screening and primary care services



Creating a partnership approach to working with primary care to improve participation in screening



Consultation with general practice to determine the support needed to achieve higher screening rates



Maintaining a focus on Aboriginal populations to achieve equity of outcomes for Aboriginal and non-Aboriginal people in NSW



Identification of suitable primary care clinical champions at a state and local level



Enhancing current capability to actively monitor performance and promote quality improvement



Consideration of the day-to-day operation of primary care practices when implementing strategies. Provide supporting tools and education to enable a smooth transition to the desired way of working - 'making the right thing to do the easiest thing to do'



Establishment, coordination and evaluation of a program to encourage and support primary care engagement in screening

Introduction by the Chief Cancer Officer

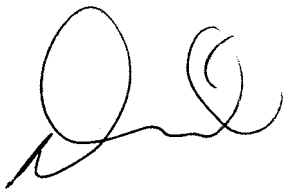
The Cancer Institute NSW recognises the critical role primary care plays in the prevention, early detection and treatment of cancer. Research has shown us that general practitioners can be a key motivator to encourage the community to participate in cancer screening.

In August 2016, the Institute released the NSW Primary Care Strategy for the bowel, breast and cervical screening programs. The strategy was developed by a range of stakeholders and outlines our approach to working with the primary health care sector to support increased participation in cancer screening.

Creating a partnership approach with primary care is a key principle of this strategy. This handbook has been developed by the North Coast Primary Health Network's (NCPHN) Women's Cancer Screening Collaborative (Collaborative).

It provides practical suggestions that can be adapted to reflect the local needs of particular communities. It also supports primary healthcare services to use a range of proven quality improvement, health literacy and community engagement processes to improve screening participation.

The Cancer Institute NSW is pleased to support this initiative and we hope it will strengthen the capacity of primary care in cancer screening across NSW.



Professor David Currow FAHMS
Chief Cancer Officer, NSW
Chief Executive Officer,
Cancer Institute NSW



Professor David Currow



About Australia's Breast & Cervical Cancer Screening Programs

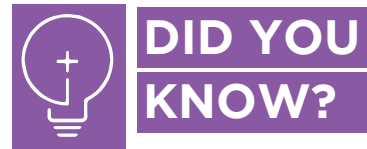
The aim of population based screening for a disease or a risk marker for a disease is to reduce the burden (incidence, morbidity and mortality) of the disease in the community. This is achieved by intervening to reduce individual risk of the disease or detecting the disease earlier, on average, than is usually the case in the absence of screening. Earlier identification and delivery of treatment improves disease outcomes.

For example, when free BreastScreen Australia services started in 1991, there were 68 deaths per 100,000 women.¹ This decreased to 43 deaths per 100,000 women in 2010. The decrease is partly due to the early detection of breast cancer through mammography and the improved treatments for breast cancer.

Similarly, the incidence of cervical cancer has halved since the National Cervical Screening Program began in 1991.² Detecting pre-cancer abnormalities early ensures that women have all treatment options available to them. The earlier breast or cervical cancer is found, the better the chance of surviving it.

The Australian Department of Health uses evidence based data to determine guidelines for population based screening (which differs from diagnostic screening). The Australian Population Screening Framework for cancer and other chronic diseases has been adapted from World Health Organisation criteria but also takes into account:³

- The need for a strong evidence base in making a decision about the introduction of a screening program including evidence of the safety, reproducibility and accuracy of the screening test and the efficacy of treatment
- The requirement that a screening program offers more benefit than harm to the target population



4 out of 10 women in the North Coast area are overdue for Breast and Cervical Cancer Screening.⁴

More than 50% of Aboriginal women in the North Coast region are overdue for Breast Screening.⁴

There are large variations in the screening rates within the North Coast region. Visit the Women's Cancer Screen Collaborative website for detailed, interactive hotspot maps that show how your practice's local area is performing in women's cancer screening: ncphn.org.au/wcsc/cancer-screening

Who is eligible for the National Breast and Cervical Screening Programs?

Table 1. Criteria for breast and cervical screening programs for women

Program	Who should consider screening?	Test type & frequency
National BreastScreen Program	Available to all women 40 and over. <i>Women between 50 and 74 years are actively invited to screen, and the Women's Cancer Screening Collaborative will focus on this age range.</i>	Mammogram every 2 years
Current National Cervical Screening Program	All women between 18 and 70 years of age with an intact cervix who have ever been sexually active	Pap Test every 2 years
National Cervical Screening Program - From Dec 1 2017	All women between 25 and 70 years of age with an intact cervix who have ever been sexually active. <i>N.B. Women aged 70 to 74 will be invited to have an exit test.</i>	HPV test every 5 years

The renewal of the National Cervical Screening Program and introduction of the National Cancer Screening Register

From December 1st 2017, the National Cervical Screening Program is changing. Key changes include:

- The Pap smear will be replaced with the HPV test
- The time between tests will change from two to five years
- The age at which screening starts will increase from 18 years to 25 years
- Women aged 70 to 74 years will be invited to have an exit test
- Revision of the Medicare Benefit Scheme numbers relating to cervical screening

The launch of Australia's first National Cancer Screening Register is also scheduled for December 1st 2017. The Register will:


- Create a single electronic record for each Australian participating in cervical and bowel cancer screening, meaning for the first time: one participant – one record
- Be capable of supporting additional population screening programs into the future
- Record and report screening data in a nationally consistent manner and inform timely clinical decisions

The Department of Health is working with Primary Health Networks to ensure timely communication of information on the renewal of the National Cervical Screening Program and the National Cancer Screening Register to General Practice and Aboriginal Medical Services.

A range of training and support activities to help screening providers to transition into the new guidelines will be available and NCPHN will communicate information about these activities as it becomes available.

An up to date 'HealthPathway' for cervical screening will be available to support the launch of the new cervical screening guidelines and register.

Head to the Women's Cancer Screening Collaborative web page for more information: ncphn.org.au/wcsc/cancer-screening



About the Women's Cancer Screening Collaborative

The Women's Cancer Screening Collaborative Objective

The objective of the Women's Cancer Screening Collaborative (WCSC) is to increase eligible women's participation rates in screening programs for breast cancer and cervical cancer.

The Women's Cancer Screening Collaborative Aims

The targets for the WCSC were agreed by an Expert Reference Panel (ERP) that included members of the Cancer Institute NSW, General Practitioners from the region, Local Health District staff and measurement experts from the Improvement Foundation.

These participation targets are designed to be 'stretch' targets that you can continue to work towards over time.

The targets are for the collaborative overall, and will be tracked as an aggregated measure.

Because we have so much variation in screening participation within our region, these targets may be too easy, or a too much of a stretch for your practice.

Setting your own practice specific targets is a great idea because setting short and long term targets, that you regularly review and adjust, is a great way to keep your team motivated.

How the data can be collected and reported will be explained and discussed during the WCSC first learning workshops scheduled from March 2017.

Table 2. Aims of the WCSC Program

Breast cancer	Increase to 70% the percentage of women between 50-74 years of age with a recorded result for a mammogram conducted in the previous 2 years.
Cervical cancer	Increase to 75% the percentage of women between 25-70 years of age with a recorded result cervical screening test conducted in the recommended time frame.

What is a Collaborative?

Whilst there is some evidence about what works to improve screening rates which provides some guidance on the way forward (this information is described in this handbook and on the WCSC website), **no-one has 'solved' screening so there isn't a specific map for us to follow.**

This lack of a clear map is why a Collaborative approach is a good one to adopt to tackle cancer screening.

A Collaborative is a way for practices to work together to explore solutions to low levels of screening, trial solutions via small scale rapid changes at the practice level, measure the success of those trials and reflect on and share what is or isn't working as we go.

Whilst directly duplicating what one practice does will not necessarily result in comparable results, there are a lot of things we can learn from each other about the individual, environmental and system factors that impact screening participation.

Importantly, participants in a Collaborative always leave a map of what was done and how it went and what impact was achieved to lead the way for those who follow. We share what works.

Collaboratives are based on the well-established science of quality improvement, which has been developed over many years in many fields. The benefits of using a Collaboratives approach to achieve quality improvement in health are well documented.

The Six Rules of Improvement

The 'six rules of improvement' provide a helpful guide to the key elements of a Collaborative.

1. Think in systems

Build practice systems and processes that support individuals to provide reliable care. If you want a different result than you are currently achieving, then you need to adapt your system.

2. Explicitly state your aim and anticipated benefits

Often, change is attempted without a clear discussion about what is trying to be achieved. Meaningful and measurable aims are important. During the WCSC Collaborative we will use the 'Model for Improvement' (discussed below) to help us set aims and track progress against small changes that we think will bring us to our goal of improved screening rates.

3. Keep score – measure your progress

All improvement requires change, but not all change is an improvement. Measurement is what will tell if a change is leading to a desired improvement. A shared set of measures for this Collaborative have been developed. NCPHN will support your practice to report progress against the measures as simply and easily as possible.

4. Make small incremental changes – continually

Large scale change is difficult to achieve and has potential for large unintended consequence. Progress can be made by small steps made by a few providers, checking the outcomes at every step. Large scale change is achieved from the culmination of continual small steps.

5. Steal shamelessly

It's important to look outside your own practice, or even health, to learn from the experience of others. Collaboratives are designed to help participating practices to improve faster by learning from each other – Collaboratives work better when we are all willing to share our stories generously.

6. Inspire a culture of 'falling forward'

Sometimes in health, when we are all very busy, we tend to do things a certain way because that is how we have always done them. The world changes when we give ourselves and our team permission to change.

Whilst our first job is to look after the person in front of us, our second job is to improve so that we can deliver better care for them or the next person.

Constant change can be exhausting, but constant improvement can be invigorating, which is why we should cultivate a culture of always doing things a little bit better.



**How will the
Women's Cancer
Screening
Collaborative work?**

The WCSC will be implemented in a way that will turn the principles of improvement into action.

You will be supported to:

1. Work out your starting point by establishing your baseline screening rates and identifying if there are any pockets of women who are heavily under-screened in your patient list (e.g. Aboriginal women, remote women, women in certain age brackets etc).

2. Learn, think and share with your peers through a series of learning workshops and webinars. The workshops and webinars will include a mixture of expert speakers to build the groups understanding of the evidence and issues relating to breast and cervical cancer early detection; and group work for participants to develop ideas for action.

In addition to the workshops and webinars, WCSC practices will be offered:

- Participation in a trial of electronic transmission of BreastScreen results and referrals
- Support to develop action plans for engaging under-screened populations (refer to the 'Ideas for Change' section for more information) that are based on local insights
- Training and information sessions in relation to the renewal of the National Cervical Screening Program

A calendar of WCSC activities will be available on the NCPHN's WCSC website.

3. Take action by trialing changes in small, manageable cycles. The workshops, webinars and this handbook will give you plenty of ideas on the types of improvements you want to make.

Making a simple plan is important for turning an idea into action. Documenting your plan and how implementation went is important so that we can quickly identify and share changes that are worth making permanent.

qiConnect is the Improvement Foundation's platform for collecting data to track the progress of Collaboratives. You will be provided with a login and user guide for qiConnect.

On qiConnect you will find a template for documenting your goals, ideas and plans for action using the very simple 'Model for Improvement' (sometimes know as 'PDSA' or Plan, Do, Study, Act cycles).

To ensure you keep progressing, practices are **asked to upload a minimum of 2 'Model for Improvement' cycles per month**, the example below shows just how simple and straightforward it is to plan and document each of your small scale, rapid changes using the 'Model for Improvement'.

Example of using the 'Model for Improvement' to plan and document your improvement ideas:

Step 1: Answering 3 fundamental questions

Your practice wants to introduce a screening reminder system. You identify that the first thing you need to do is create an up to date register of eligible patients. This becomes your first goal. You then need to think about how you will know if you have achieved your goal, as well as a few ideas for how you can reach your goal. Here is what step one looks like in qiConnect:

Question 1 ▶ 1. What are we trying to accomplish?
By answering this question you will develop the GOAL for:
By March 31 2017, create an accurate and current register of women aged between 50-74 who are eligible for breast screening (women who a breast cancer diagnosis)

Question 2 ▶ 2. How will we know that change is an improvement?
By answering this question you will develop the MEASURES to track the achievement of your goal:
Our practice is able to quickly, easily and clearly identify:
a. Women in our practice aged 50-74 who are eligible for breast screening who have not had a cancer diagnoses or opted out of screening
b. When these women are due for their next BreastScreen

Question 3 ▶ 3. What changes can we make that will lead to an improvement? - Ideas
By answering this question you will develop the IDEAS that you can test to achieve your goal:
Data cleanse our practice software by:
a. Creating a list of all women aged 50-74
b. Deactivating woman who do not meet our criteria for being an active patient
c. Removing women from the list who have had a breast cancer diagnoses

Often you will have more than one idea on what you could do to reach your goal, the template allows you to enter as many ideas as you like for each goal:

Idea 1 ▶ Create a process for maintaining a current register that includes systematizing the way in which clinical staff record BreastScreen Results

Idea 2 ▶ Incorporate the BreastScreen process in the practice policy and guidelines

Idea 3 ▶ Run a short training for staff on the BreastScreen register process

Step 2: Putting your ideas into action using ‘Plan, Do, Study, Act’ (PDSA)

Once you have your ideas, it’s important to plan who, how and when you will implement your ideas. This helps you to identify any challenges and to engage the right team.

It’s also important to reflect on how implementing your idea went and what changes you want to make a permanent part of your practice work flow.

Remember you can implement your idea in small steps, you don’t have to do it all at once, and each small step can be a ‘PDSA’. The trick is to keep them small and easy to keep a sense of progress going. Here is what documenting a PDSA looks like:

Plan ▶

Do ▶

Study ▶

Act ▶

Add and Edit Idea Cycles

Goal: By March 31 2017, create an accurate and current register of women aged between 50-74 who are eligible for breast screening (women who have not had a breast cancer diagnosis) [First] [Save] [Save and Close]

Measure: Our practice is able to quickly, easily and clearly identify: a. Women in our practice aged 50-74 who are eligible for breast screening who have not had a cancer diagnosis or opted out of screening reminders b. When these women are due for their next BreastScreen

Idea: Data cleanse our practice software by: a. Creating a list of all women aged 50-74 b. Deactivating women who do not meet our criteria for being an active patient c. Removing women from the list who have had a breast cancer diagnosis d. Remove women from the list who have asked to be opted out from breast screening reminders

CYCLE 1 (last modified: 21/09/2017) Owner: FCHS (30) (Responsible Party (leave blank if Owner):)

Plan What, when, who, where, predictions and data to be collected

Do Was the plan executed? Document any unexpected events or problems

Study Review and reflect on the results

Act What will you take forward from this cycle?

PDSA Cycle Complete Review
If you want to trial this PDSA cycle, please tick the anytime box.

[Submit] [Cancel]

[+ Add Another Cycle](#)

If uploading two cycles a month seems daunting, don’t worry – as you can see from the example above, they really are simple and quick to do.

You will receive an email that will give your initial log-in for qiConnect. We encourage you to change your password to something easy to remember and to keep your log-in details stored somewhere secure. The good news is that if you have participated in NCPHN’s ‘Measuring for Improvement’ program you are already familiar with the Model for Improvement and qiConnect.

NCPHN is here to help you with documenting your Model for Improvement cycles and you can contact us at any time. The Improvement Foundation qiConnect helpdesk is available on 1800 173 868 or via data@improve.org.au to help you out with qiConnect IT questions.

4. Measure, reflect and improve:

Using the 'Model for Improvement' template in qiConnect to record and reflect on the small scale changes you make is really important because if a practice sees a change in their cancer screening measure it gives us a record of what was done to create the change. This helps the practice decide on what changes they want to make permanent, and helps practices to share and learn from each other.

In addition to collecting your Model for Improvement cycles, qiConnect is where you will be able to see how your practice is tracking against the WCSC program measures and how the practices are tracking as a whole against the measures for the region.

The purpose of collecting and reporting data against the measure is to help us see if what we are doing is working – it is not for judging participants' performance or for research.

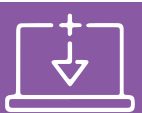
Throughout the WCSC, you will receive proactive and practical support from the NCPHN's WCSC Program Manager and your Practice Support Officer.

You can contact Sara Gloede, Program Manager Women's Cancer Screening at email sgloede@ncphn.org.au or (02) 6618 5430, or you can touch base with your Practice Support Officer at any time.



By submitting 2 'Model for Improvement' cycles to qiConnect and completing a short reflective questionnaire you can gain 40 QI CPD points.

**Contact the Improvement Foundation Helpdesk for more information:
1800 173 868**



Helpful links & resources

- More information on the history of Collaborative methods: <https://apcc.org.au/>
- NCPHN schedule of learning workshops and webinars: <http://ncphn.org.au/events/>
- Model for Improvement and qiConnect how to guides: ncphn.org.au/wcsc/making-change



Change ideas, tools and resources

Change principles and change ideas

This section provides ideas for action and the tools and resources to implement these ideas.

The change principles and ideas presented here are based on evidence about what works for quality improvement in the primary setting and for increasing participation in cancer screening.

Getting started is easy. For example, your first goal may be to ensure you have an engaged team to support the work your practice will do. So, your first 'Model for Improvement' cycle may be to complete the 'Engage your practice team' checklist – completing this checklist will give you ideas for areas where you want to make improvements, and these become your next 'Model for Improvement' cycle.

Below is a table summarising what we think are the most important change principles and ideas:

Table 3.

Change Principle	How? (Change Ideas)
1. Engage your practice team	<ul style="list-style-type: none"> ■ Engage and support the team ■ Ensure team members have protected time to complete tasks ■ Set realistic goals and use data to drive improvement ■ Communicate regularly and systematically with the team ■ As a team, regularly reflect, review and adjust what you are doing ■ Assist your team to understand the principles and systems of cancer screening ■ Ensure your team is familiar with your practice's screening processes
2. Develop systems that support cancer screening	<ul style="list-style-type: none"> ■ Consider how and when and to whom you will offer screening ■ Develop and maintain an effective recall and reminder system ■ Make use of existing registries and systems ■ Develop systems that support patient safety ■ Identify women at-risk of under-screening, and provide them with additional support ■ Support women who have a positive screening test ■ Undertake awareness raising
3. Deliver person centred care	<ul style="list-style-type: none"> ■ Understand women's perspectives, and design and deliver your services accordingly ■ Develop tools that support informed, shared decision making ■ Strengthen your team's skills and practice systems in relation to person centred care ■ Use patient reported measures to drive improvement ■ Work in partnership to address environmental, cultural and other barriers to screening



Engage and Support the Practice Team

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

Experience from past Collaboratives show that building the team's engagement and commitment to the work is often an area that practices overlook, 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. Facts are usually not enough, you need to get the "hearts and minds" on side for making changes.

The 'Engage and Support the Practice Team' checklist, tools and resources will help you to take the right steps to build an integrated team based and sustainable approach to improved cancer screening in your practice.



HELPFUL TIP

Use checklists to generate ideas for action and to identify helpful resources!



Checklist

Engage Your Practice Team

*Where you see this asterisk, refer to 'Helpful links and resources' for more information.

Engage and support the team

- Will you reflect as a team on the purpose of the WCSC, what your practice wants to achieve and who will benefit from the WCSC at the beginning of the project?
- Has your team thought about their motivation for this Collaborative? (It doesn't have to be the same motivating factor, (e.g. pride in the quality of my work, the business case and financial benefit, competition, prior bad experience with patients having adverse outcomes from under-screening etc.))
- Will your whole team be given the opportunity to generate ideas for improving screening systems and participation?
- Do you have a practice leader (e.g. our Practice Manager or Principal Clinician) championing the WCSC?
- Does the way your practice assign roles make efficient use of the entire team? (See the 'Assigning Tasks' case study)
- Does your team have the skills they need, or is more training required? Would undertaking a simple skills audit be helpful to identify training needs?

Ensure team members have protected time to complete tasks

- Have you assigned roles and responsibilities for carrying out tasks? Is what each of your team members expected to do realistic?
- Do team members have protected time to regularly complete WCSC tasks? (This is critical!)

Set realistic goals and use data to drive improvement

- Was your whole team involved in setting your practice's goals for the WCSC? (These goals will form the basis of your 'Model for Improvement' cycles and don't have to be ambitious or complicated – start small and go from there!)
- Are your goals SMART: Specific, Measurable, Attainable, Realistic and Time bound?*
- Do you have tools to measure progress against your goals and the effectiveness of your screening strategies? (Remember to keep it simple!)
- Do you have systems (who, when, how) in place to regularly submit 'Model for Improvement' cycles and Women's Cancer Screening Collaborative measures data to qiConnect?
- Do you use data to support regular review of progress against your goals? (e.g. the data you generate from measuring your progress and the data available on qiConnect)

Communicating regularly and systematically with the team

- Have you established a process for providing and seeking regular feedback to and from the team (e.g. monthly staff meeting, via staff email, using staff notice boards)?
- What importance does your practice place on team meetings? What is their frequency? What outcomes are achieved? How does management communicate with the wider team? How will team-time be divided between WCSC and other practice business?
- Does your practice have your WCSC goals and regular progress updates displayed and accessible to staff?
- Are team meetings well organised and supported by good processes (agendas, chairing, minutes, action lists, accountability, etc.)?

As a team, regularly reflect, review and adjust what you are doing

- Is reviewing our progress against your WCSC targets, and generating new ideas, part of your regular team meeting agenda?
- Do you use data to regularly reflect on your progress and to adjust your goals and strategies as needed?
- Are you rewarding and acknowledging success and working as a team to problem solve challenges?

Assist your team to understand the principles and systems of cancer screening

- Does your practice have a good understanding of screening guidelines?*
- Does your practice have a clear definition of screening? *
- Does the whole practice team understand it?
- Does your team have a good understanding of the difference between population screening and risk-based screening?
- Does your team have a good understanding of NSW breast and cervical cancer screening systems?
- Does your practice have a good understanding of the target populations for each screening program?

Ensure your team is familiar with your practice's screening processes

- Does your practice have documented processes for breast and cervical cancer screening?
- Does your whole team understand your breast and cervical cancer screening processes?
- Are strong systems in place to support the smooth running of the processes?



Helpful links & resources

- How to set a SMART goal and template for setting your WDCS practice specific goals: ncphn.org.au/wcsc/making-change
- This 'Team Check' questionnaire is a useful tool to encourage conversation on how your practice operates as a team: http://my.improve.org.au/resources/Resource_Documents.Health_Check_Analysis_Spreadsheet.xls
- At the time of printing, we are waiting on further information about the National Cancer Screening Register and new Cervical Screening Guidelines – up to date information, including any clinician updates or briefings that will be offered, will be available on the NCPHN Women's Cancer Screening Collaborative web page: <http://ncphn.org.au/wcsc>
- For more information about Australia's Breast and Cervical screening program, definitions of screening and literature about the pros and cons of screening, visit <http://ncphn.org.au/wcsc>
- For more information about the HPV Vaccination Program visit: <http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/immunise-hpv>

Case Study – Assigning Tasks

When joining the Collaborative Program we realised that the tasks involved could not be lumped on just one person. We decided to hold a meeting to look at how we would assign the different tasks, i.e. who would enter data onto the web portal, extract monthly measures, gather access measures, write up PDSAs and lead work in the different topic areas.

It was agreed that our junior administration support person would work on deactivating patients, our lead administration person would work with the lead GP to advance the topic changes and another administration support person would be responsible for monthly data extraction and writing up PDSAs.

Meadows Medical Centre, Northern Rivers, NSW



HELPFUL

TIP

You may have a ‘micro team’ who form the hub of the collaborative work but others from the broader team support components of the work. For example your Practice Manager and Nurse may be your ‘hub’ but reception staff take ownership of reminders for patients eligible for screening, as well as ensuring suitable promotional materials are available.

Case Study - Engaging the Team



To engage the reception staff in the Program and help them understand the necessity and importance of data collection, we invited the key contacts from our local and state based support organisations to further explain the Program and their role in it. We had fantastic feedback from staff and they are now proactive in collecting the measures. They have even drawn up their own timetable to track which measures they need to be collecting. The staff members are enthusiastic and are even encouraging and reminding each other to get data collected.

Keen Street Private Clinic, Northern Rivers, NSW



**HELPFUL
TIP**

Effective teams communicate well. Good communication saves time, money and eliminates duplicated work. Poor communication does the opposite: it creates work, causes frustration, costs time and money and compromises patient outcomes.

Develop Systems that Support Cancer Screening

Research shows that strong primary health care involvement is associated with greater screening participation rates⁵. In particular, the following primary care activities led to higher participation rates:

- Having a GP endorse invitations to take a screening test
- Use of recall and reminder systems
- Participation in audit and feedback quality improvement programs on screening

It is important that practices take a systematic approach to establishing and maintaining screening services and reminders, and the 'Have a systematic approach to cancer screening' checklist and tools will help your practice to do that.



DID YOU KNOW?

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 woman who received a reminder from the registry only.⁶





Checklist

Have a systematic approach to cancer screening

*Where you see this asterisk, refer to 'Helpful links and resources' for more information.

Consider how, when and to whom you will offer screening

- Does your practice have a clear idea of when and who talks to a woman about screening? For example, will you offer it during health checks? During appointments? During specific information sessions? Via written information? Who are the right people in your practice to talk to women about screening?
- Have you documented who and when you will talk about screening?
- Does your practice team have the counselling skills they need to talk about screening to all women?*
- Does your practice team have the skills they need to offer cervical screening to woman with a history of sexual abuse and/or women with a disability and/or women whose comfort with screening is impacted by cultural sensitivity or language barriers?

Develop and maintain an effective recall and reminder system

- Do you need to clean your data to establish an up to date list of women who are eligible for screening (Table 4, pg. 26) and those who are due for screening?
- Is maintaining your cancer screening register part of your practice policy and guidelines?
- Do you have a register manager? Who manages the register when this person is away? Do your staff need further training?
- Does your register capture new patients effectively and retire patients effectively?
- Do you have a systematic reminder system?
- Do you use prompts in the appointment system or clinical software to identify women with specific needs? (e.g. women for who English is a second language, women with disabilities)
- Do you have multiple channels for communicating reminders, depending on the needs and preferences of the patient? (e.g. letter, SMS, phone call, letters translated into other languages etc)
- Have you put your reminder letter through a health literacy check? (see 'Have a person centred approach' for more info)

- Can women who don't want to participate in screening 'opt out' from ongoing reminders?
- Does your whole team understand your recall and reminder system?
- Does your register monitor attendance and have systems to follow up patients who do not attend?

Make use of existing registries and systems

- Do you want to join a trial of electronic transmission of BreastScreen results? If so, do you have HealthLink or Medical-Objects secure messaging? (Free of charge to install)
- Are you part of the Cancer Institute NSW Pap Test Register Electronic Reminder Service?*
- Do you understand how the new National Cancer Screening Register will work and what it means for your practice? (NCPHN will provide information as it becomes available)*

Develop systems that support patient safety

- Does your practice have near miss and adverse outcome registrars and procedures for breast and cervical screening?

Identify at risk women, and provide them with additional support

- Has your practice created an up to date register of women eligible for screening and reviewed your register to identify patterns in women who are under-screened or who have never screened? (e.g. you may identify patterns of under-screening by age, cultural background, location or residence, employment status, disability etc.)
- Has your practice used the 'Deliver person centred care' section of this handbook to identify actions that will strengthen engagement with women at-risk of under-screening?
- Is your practice familiar with the Department of Health guidelines for screening of Aboriginal women?* <http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/cv-indi-women-cnt>
- Are your clinicians familiar with the 'Preventative Women's Health Care for Women with Disabilities: Guideline for General Practitioners?'

Support women who have a positive screening test

- Have you identified clinical pathways for women who require further investigation after a positive screening test or diagnosis?
- Does your practice have resources and a team to support women with a positive screen or subsequent diagnoses?

Undertake awareness raising

- Does your practice display screening materials?*
- Does your practice use events such as Daffodil Day, Pink Ribbon Day and Australia's Biggest Morning Tea to promote cancer screening initiatives within your health service?
- Do you regularly review the latest health promotion materials available from BreastScreen NSW and order the posters/pamphlets relevant to your practice? <http://www.breastscreen.nsw.gov.au/publications/>
- Do you regularly review the health promotional materials available in relation to cervical screening and order the posters/pamphlets relevant to your practice? <https://www.csp.nsw.gov.au/information-and-resources-for-health-professionals/publications/>
- Is your team aware of the most up to date cancer screening 'key messages'?

Table 4. Target patients groups for cancer screening registers

Breast cancer	Practice register will identify women aged 50–74 years with one or more visits within the previous two years*
Cervical cancer – Pap test (until Dec 2017)	Practice register will identify women aged 18–69 years, with an intact cervix, with one or more visits within the previous two years
Cervical cancer – HPV test (From Dec 2017)	Practice register will identify women aged 25–74 years, with an intact cervix, with one or more visits within the previous 5 years

*Whilst free mammograms are available to women from the age of 40, BreastScreen actively targets women aged 50 – 74 years.



DID YOU KNOW?

Women are much more likely to have a Cervical Screening Test if their doctor reminds them it is due, so GPs, as well as practice reminder letters, have a major role to play in preventing cervical cancers.⁵



Helpful links & resources

- Family Planning NSW offer a 'Well Women Screening Course' which is designed to help registered nurses, midwives and enrolled nurses develop confidence and competence in the provision of cervical cancer screening. <https://www.fpnsw.org.au/education-training/courses/well-womens-screening-course>
- Preventative Women's Health Care for Women with Disabilities: Guidelines for General Practitioners: https://www.csp.nsw.gov.au/media/15215/women_disabilities_review.pdf
- Department of Health and Ageing, 2004, The principles of practice, standards and guidelines for providers of cervical screening services for Indigenous women, Canberra; Australian Government Department of Health and Ageing, available at: <http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/cv-indi-women-cnt>
- Multilingual Cancer factsheets from the Cancer Council NSW: <http://www.cancercouncil.com.au/publications/multilingual-cancer-information/>
- A broad range of BreastScreen health promotion resources: <http://www.breastscreen.nsw.gov.au/publications/>
- A broad range of Cervical Screening health promotion resources: <https://www.csp.nsw.gov.au/information-and-resources-for-health-professionals/publications/>
- Cervical screening resources for Aboriginal women: <https://www.csp.nsw.gov.au/aboriginal/>
- For more information about HPV vaccination: <http://www.hpvvaccine.org.au/>



DID YOU KNOW?

The HPV vaccine is provided free in schools to all males and females aged 12-13 years under the National HPV Vaccination Program. The National HPV Vaccination Program began in 2007 for females (catch-up vaccinations were offered to women up to age 26 at that time), and was extended to include males in 2013. HPV Vaccination protects against the most common strains of HPV that cause cervical cancer (types 16 and 18) but not all of them. So it is important that women continue to have Cervical Screening Tests even if they have had the HPV vaccination.

Deliver Person Centred Care

The reasons that women don't screen are often complex and include a range of social, cultural, individual and environmental factors.

In a Person Centred Health System, the person and 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.

The 'Take a person centred approach' checklist, tools and resources are designed to help you take a person centred approach to delivering and promoting screening services.

All practices have 'hard-to-reach' groups who will not readily respond to invitations to attend screening, or may be difficult to contact. Access to services may be limited by service restrictions, geographical or social reasons. Hard to reach groups include:

- Aboriginal and Torres Strait Islander women
- Women living with a disability
- Women who identify as part of the LGBTQI community
- Culturally and linguistically Diverse (CALD) women
- women with mental health issues
- Migrant women including asylum seekers, and women on long-term student visas
- Homeless women

A person centred approach will not only help you reach 'hard-to-reach' groups but will improve the experience of the women in your practice who are screening regularly.



Checklist

Take a person centred approach

*Where you see this asterisk, refer to 'Helpful links and resources' for more information.

Understand women's perspectives, and design and deliver your services accordingly

- Is your practice planning to partner with NCPHN to build insight into the barriers to screening for your high priority under-screened women? (Refer to 'Building insight into barriers to screening at the local level' for more information)
- Has your practice team mapped the cancer screening pathway from the women's point of view to try to understand which aspects of the 'patient journey' may be inconvenient, difficult to access, unclear or psychologically distressing for your female patients*
- Does your practice 'co-design' service delivery with patients and incorporate their perspectives into your delivery of care?

Develop tools to support informed, shared decision making

- Has your practice completed the 'Primary Care Health Literacy Self-Assessment Tool' and used it to generate a list of ideas for you to implement through your 'Model for Improvement' cycles?* (Accreditation: this assessment tool meets multiple RACGP requirements, as listed in the tool)
- Have your practice staff (including reception staff) received health literacy training? (NCPHN will offer free workshops and webinars)
- Does your whole team understand the components of health literacy?*
- Does your practice display screening materials designed for specific cohorts of women? (e.g. BreastScreen pamphlets for Aboriginal women – see page 26)*
- Have you used the 'Checklist for writing consumer friendly information' to check that your reminder letters meet health literacy standards?*
- Do you ask and record all new patient's language preferences and offer and use appropriate language services? (RACGP criterion 1.7.1C, F)
- Have your clinicians undertaken online Teach-Back training? (Accreditation: RACGP 1.2.2A, 1.2.2B, 1.3.1)*
- Has your practice developed, or do you use audio-visual materials to support better understanding of screening (e.g. A photo book of steps, resources such as the "Being a Healthy Woman")?*

- Does your practice team have the counselling skills to support all women to make informed choices about screening? *
- Does your practice have a clear system for communicating screening results with a woman in a way that helps her to make an informed decision on treatment?
- Does your team understand this system? Could they explain it?

Strengthen your team's skills and practice systems in relation to person centred care

- Does your team have a good understanding of what a person centred general practice looks like?*
- Has your practice completed a self-assessment to understand your strengths and weaknesses in relation to being patient centred?*

Use patient reported measures to drive improvement

- Does your practice request feedback from patients about their experience of care?*(Accreditation: RACGP 1.2.1A, 1.6.1B, 2.1.2A, C, D, E)
- Do patient reported measures form part of how you assess your practice's performance?

Work in partnership to address environmental, cultural and other barriers to screening

- Does your practice partner with community organisations or leaders to better engage hard to reach women and to support referrals to screening services?
- Does your practice use interpreter services appropriately?
- Is your practice a safe place for Aboriginal or culturally diverse women?*
- Have you read the Australian Indigenous Doctors 'Cultural Safety Factsheet'?* <https://www.aida.org.au/wp-content/uploads/2015/03/Cultural-Safety-Factsheet1.pdf>

Case study: Working in partnership to deliver person centred care



Coffs Harbour Women's Health Centre provides cancer screening services to a broad range of women. They found they needed a pro-active partnership approach to meet the diverse needs of their patients. Practice Manager Bronwyn Chalmers says:

“We have found that we need more than our recall and reminder service to meet the needs of our more vulnerable patients. We try to be very person centred in the way we deliver our screening service for vulnerable women. We work with a number of partners to build the support and linkages we need to deliver appropriate services.

For example, we have an informal arrangement with the Local Health District's Refugee Clinic and they refer to us. Clearly language is a barrier (amongst a myriad of physical, emotional and social problems), but we use the interpreting service well and work closely with Anglicare and other resettlement services.

We have electronically controlled examination couches to support the needs of women with impaired mobility and have on occasion delivered cervical screening outside the Centre for women whose physical needs make it difficult for them to access our service.

We've worked with the Local Health District's Drug & Alcohol service to deliver a couple of cervical screening clinics a year on their premises. We also provide five outreach clinics per year to Dorrigo, Bellingen and Woolgoolga to support women who find access difficult due to transport disadvantage. These clinics are in demand and always filled.

Generally speaking, vulnerable women are significantly under screened. We found taking the service to a place they visit had merit. This helped the women to be comfortable and to minimise 'no show' rates.”

Bronwyn Chalmers, Practice Manager, Coffs Harbour Women's Health Centre



IDEA!

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 BreastScreen's Northern and Mid-North Coast Health Promotion Officer for more information on (02) 6621 1206.



DID YOU KNOW?

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.⁷



HELPFUL

TIP

To support culturally and linguistically diverse women, consider the following:

- The provision of resources in appropriate languages
- Use of interpreter services
- Working with health promotion officers targeting CALD groups
- 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 craft day)

To support women with disabilities, consider:

- Familiarising yourself with guidelines for provision of preventative health care for women with disabilities, and creating summaries of these guidelines for clinicians
- Acknowledging the woman's expertise in how to manage the disability
- How you can improve physical access
- Using alternative positions and instruments for cervical screening
- Working with residential care facilities to provide cervical screening in women's place of residence
- That carers, clinicians and family can falsely assume a woman with a disability has not had sexual contact and therefore does not require cervical screening
- That there are resources available to support educating women with intellectual disabilities about cancer screening ("Being a Health Woman Factsheets")



DID YOU KNOW?

RACGP standard for follow-up of results emphasise that it is necessary to set up effective systems, that team members understand these systems and can explain how they operate.⁸

Practices should:

- Ensure that pathology results in patient health records show evidence of review by a GP
- Have a documented process for the review and management of results
- Ensure patient health records show a record of attempts to contact and recall patients in relation to clinically significant tests and results
- Ensure patient health records show when follow-up has occurred and treatment, if any, required
- Ensure practice staff can explain how patients are advised of the process to receive results.
- Document conversations about test results in patient notes

Case Study: Reducing ‘no-shows’ by using a health literacy checklist to update appointment letters

A number of practices have improved their appointment letters. The new letters are written in clear language and checked for readability. The appointment time is in 12 hour time not 24 hour time. They included the location of the appointment with a map, public transport and parking options. The letters also provide information about the cost of the appointment, and the option to call the practice ahead of their appointment if the cost is an issue. This way, people can discuss payment in private and know that they will not need to have this conversation in front of others in a waiting room. These changes lowered anxiety about appointments and reduced the number of no-shows for people receiving reminder letters.

Taya Prescott, Health Literacy Officer, Northern NSW Local Health District



**HELPFUL
TIP**

Building your team’s skill in counselling women on the benefits of screening and potential harms supports women’s rights to make their own decisions about their health without overburdening them with too much information.





Helpful links & resources

- RACGP accredited Online Teach Back training: <http://www.teachbacktraining.org/>(or Contact NCPHN to book a Teach Back workshop)
- Health Literacy Northern NSW website: <http://healthliteracy.nnswlhd.health.nsw.gov.au/>(includes tools, checklists, self-assessments, resources and patient reported outcomes measures)
- The Australian Commission on Safety and Quality in Health Care and RACGP online module “Helping patients make informed decisions: communicating benefits and harms” <http://www.racgp.org.au/education/courses/activitylist/activity/?id=40869&q=keywords%3dinformed%2bdecisions>
- More information on person centred health care: <http://ncphn.org.au/medical-home/healthcare-neighbourhood/>
- ‘Being a Health Woman Factsheets’ include pictures and simple text to support talking to women with intellectual disability or very low health literacy about their health and includes excellent cervical and breast screening fact sheets: <https://www.fpnsw.org.au/health-information/disability/being-healthy-woman-factsheets>
- Perspectives on communicating both the harm and benefits of screening: Entwistle VA, Carter SM, Trevena L, et al., 2008, ‘Communicating about screening’, BMJ, available at: <http://www.bmj.com/content/337/bmj.a1591>
- ‘Cultural Safety Factsheet’: <https://www.aida.org.au/wp-content/uploads/2015/03/Cultural-Safety-Factsheet1.pdf>

Visit the Women’s Cancer Screening Collaborative to view the tools, resources and ideas for each of the change principles online:
<http://ncphn.org.au/wcsc>



**How NCPHN
will support you**

Here are some of the ways in which your practice will be supported to increase participation in cancer screening through the WCSC.

Training and Learning

NCPHN will be keeping an eye out for training and expert speakers and will provide an up to date schedule of what is available via workshops and webinars on the Women's Cancer Screening Collaborative website.

We expect training topics will include:

- Communicating with women with low health literacy, including intellectual disability (provided by Family Planning NSW), to ensure informed consent
- Health literacy – how to ensure your practice is taking a ‘universal precautions’ approach to how you communicate with patients in both verbal and written communication (see ‘Health Literacy’ for more information)
- Clinical topics relevant to breast and cervical cancer screening and management
- Motivational counselling techniques
- Cultural competency

In addition, workshops and training will be a great opportunity to build partnerships and networks with other practices, BreastScreen NSW, women's health services, your Local Health District and community organisations.

NCPHN will ensure that Women's Cancer Screening learning activities are RACGP/ACRRM accredited for Continuous Professional Development (CPD) points.

If you have ideas for the type of training or webinar topic that would help your practice, please let us know!

Health Literacy

Health literacy is an important area for us to address if we want to lift screening rates.

So, what can you do?

- Develop a list of ideas for action from the checklist in this handbook, and use your 'Model for Improvement' cycles to implement your ideas
- Visit <http://healthliteracy.nswlhd.health.nsw.gov.au/> and register your practice – here you will find lots of tools and resources to help you implement your ideas for improving your practice's health literacy
- Book a free health literacy workshop and/or webinar. Contact us via the above website to arrange a workshop that meets your practice needs. NCPHN will also hold specific workshops for Women's Cancer Screening Collaborative practices, or you can contact us to request training for your practice.



Limited health literacy is associated with lower levels of cancer screening and later stage cancer diagnoses.⁹

HealthPathways

HealthPathways is an important tool that is designed to ensure Mid-North and North Coast primary care providers have the information they need at their fingertips, at the point-of-care, to help patients navigate our health system effectively.

NCPHN will provide localised and up to date HealthPathways for breast and cervical cancer screening that incorporate the new clinical guidelines for Cervical Cancer Screening.

You can join HealthPathways here:
<https://manc.healthpathways.org.au>

Username: manchealth Password: conn3ct3d

What is health literacy?



Health Literacy means:

- ✓ How effectively health professionals communicate
- ✓ How easy it is for people to access, understand and act on health information and services.

Better Health Literacy means better health care for people in Northern NSW.



Approximately
60%

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

Source: National Statement on Health Literacy, ACSQHS



Understanding and addressing barriers to screening at the local level

The reasons for under-screening are often complex and multi-layered and can't always be addressed by practices alone. For this reason NCPHN will be providing support to practices to better understand and address barriers to screening using a three step 'Identify, Understand and Act' approach that is described below.

The 'Identify, Understand and Act' approach will build insight into women's perspectives on the barriers to screening in the local area and establish partnership approaches to address these barriers.

Identify

MARCH to APRIL 2017

- Practices will, through updating and assessing their screening register, identify which groups of under-screened women are their most important priority
- Practices may choose to collaborate with other practices in their area to identify priority groups of under-screened women

Understand

MAY to JUNE 2017

- NCPHN will partner with community organisations in your area to undertake qualitative research (focus groups, mapping of services and organisations etc) to understand the perspectives of under-screened women about barriers to screening
- Practice staff are encouraged to be involved in this research
- Information from the research will be captured in easy to read summaries

Act

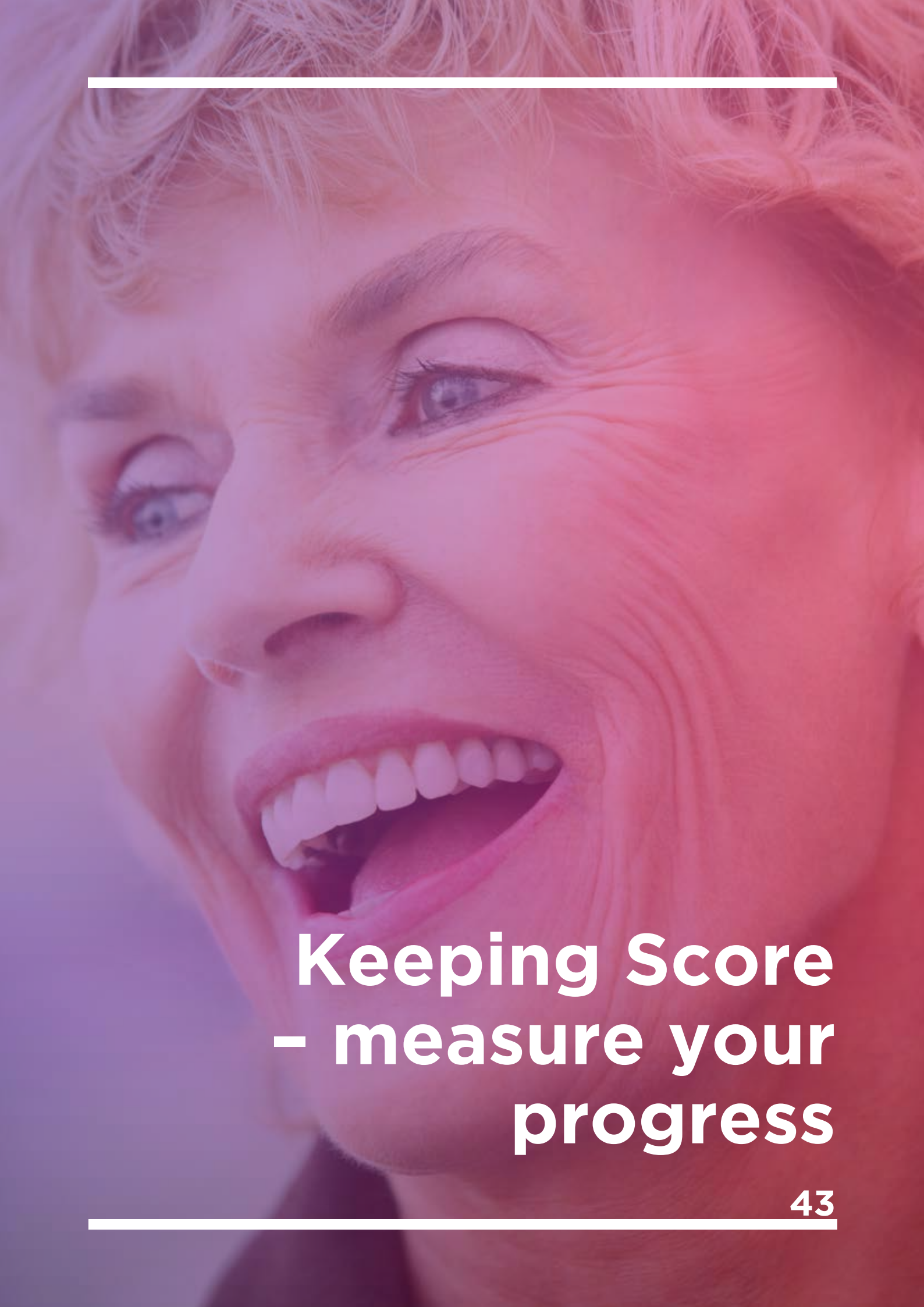
JUNE 2017 ONWARDS

- Based on what is learnt, practices will be supported to develop simple action plans
- The action plans will be implemented through 'Model for Improvement' cycles

Support to monitor and report progress

We will work to make sure that reporting against the measures is as easy and straightforward as possible. The benefit is that reporting against the measures really helps us to see if the work we are doing is making an impact!

- An orientation workshop will be offered to help you understand how to develop and submit your 'Model for Improvements' on qiConnect.
- The Women's Cancer Screening Collaborative website will have examples of 'Model for Improvements' and case studies of the work participating practices are doing to help give you ideas and to celebrate successes. We will always ask your permission before we publish a case study from your practice.
- On qiConnect you will be able to see graphs that show how practices are tracking against the Women's Cancer Screening Collaborative measures.
- You will be given how-to guides for submitting your Model for Improvements and for extracting and submitting the data used to report against the program measures.
- These how-to-guides will also be on qiConnect (after login, go to the Resources section and use the search function).
- Your NCPHN Practice Support Officer and Sara Gloede, the Women's Cancer Screening Collaborative Program Manager will provide ongoing feedback and support –and, you can call them at any time.



**Keeping Score
– measure your
progress**

WCSC Measures

It's important to have clear measures that track progress towards achieving our shared aim of increased participation in breast and cervical cancer screening. The Women's Cancer Screening Collaborative measures were developed by the Expert Reference Panel.

Breast Screening Measure

Breast Screening	
IF Measure Code	WCSC-004
Numerator	The number of active female clients, aged 50 to 74 years, who have had a bilateral breast screen mammogram within the previous 2 years
Denominator	The number of active female regular clients aged 50 to 74 years

Cervical Screening Measure

Cervical Screening: Pap test	
Measure Code	WCSC-002
Numerator	The number of female clients, aged 20 to 69 years, with 3 or more visits in the past 2 years, who have not had a hysterectomy, who have had a cervical screen within the previous 2 years
Denominator	The number of female clients, aged 20 to 69 years, with 3 or more visits in the previous 2 years, who have not had a hysterectomy

Cervical Screening Measure for Aboriginal and Torres Strait Islander women

NKPI - PI22: Female clients who have had a cervical screen	
IF Measure Codes	NKPI-22001 to 22003
Numerator	The number of female clients, aged 20 to 69 years, with 3 or more visits in the previous 2 years, who have not had a hysterectomy, who have had a cervical screen within the previous 2 years
Denominator	The number of female clients, aged 20 to 69 years, with 3 or more visits in the previous 2 years, who have not had a hysterectomy

Cervical Screening Measure after the Renewal

Cervical Screening: HPV test or Pap test

IF Measure Codes To be advised

Numerator The number of female regular clients, aged between 25 and 70 years (inclusive), with 3 or more visits within the previous 2 years, who have not had a hysterectomy, and who have had a Pap test or a HPV test within the previous:

- 2 years (Pap test) **OR**
- 5 years (HPV test)

Denominator The number of female regular clients aged 25 to 70 years (inclusive), with 3 or more visits within the previous 2 years, who have not had a hysterectomy

Privacy issues

From a privacy perspective the data submission to qiConnect does not contain any personal information and therefore does not have the potential to breach any privacy legislation.

When involved in a Collaborative program and working with Improvement Foundation, personal information about you and other staff at the health service may be collected. This information is used solely for the purposes of the program and Improvement Foundation is bound by the legal agreement with your health service. Improvement Foundation's privacy policy can be found on our website at www.improve.org.au

Abbreviations

CALD	Culturally and linguistically diverse
CINSW	Cancer Institute New South Wales
GP	General Practitioner
HPV	Human Papillomavirus
IF	Improvement Foundation
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex
NCPHN	North Coast Primary Health Network
NSW	New South Wales
QI	Quality Improvement
RACGP	Royal Australian College of General Practitioners
SMART	Specific, Measurable, Achievable, Relevant and Timely
SMS	Secure Messaging Service
WCSC	Women's Cancer Screening Collaborative

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