

18 December 2020

Ms Michelle Thompson
National Bowel Cancer Screening Program
Department of Health
GPO Box 9848
Canberra ACT 2601

Via email: nbcspreview@health.gov.au

Dear Ms Thompson,

Re: National Bowel Cancer Screening Program Review

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide feedback on the review of the National Bowel Cancer Screening Program (NBCSP).

General practitioners (GPs) play a vital role in the effective delivery of preventive care. GPs are uniquely placed to identify and test those at higher risk, provide information and encouragement to patients, and guide the coordination of treatment. Guidance is provided by the RACGP in our [Guidelines for preventive activities in general practice \(the Red Book\)](#) and [Smoking, nutrition, alcohol, physical activity \(SNAP\) guide](#).

GPs play a key role in the NBCSP, and have successfully participated in the program since its inception. Evidence has shown there is an increase in participation rates of a screening program when it is recommended by the GP.^{1,2}

Feedback relating to the participation, compliance and engagement in the NBCSP, and equity challenges are addressed in our response to the key questions below.

Participation, compliance and engagement

Question 1: What are the key enablers and barriers to participation in the NBCSP?

- Unlike the cervical cancer screening program, GPs have limited involvement or incentives to participate in the NBCSP. Enabling primary health care services to offer NBCSP screening kits directly to their patients is likely to increase participation. GPs and primary care staff can then assist participants with intellectual disabilities or literacy issues to complete forms, and explain how to use the kit. This is currently being trialled for Aboriginal and Torres Strait Islander people through the [National Indigenous Bowel Screening Pilot](#).
- Feedback from RACGP members indicate patients frequently ask for a replacement testing kit if they have misplaced their kit, allowed it to expire or have made an error while utilising it. In these instances, it would be helpful for GPs to be able to supply testing kits to their patients.
- The RACGP advocates for the introduction of voluntary patient involvement in general practice, as articulated in the [RACGP Vision for general practice and a sustainable healthcare system](#). Low frequency or itinerant patients are currently at risk of missing out on targeted

approaches in general practices because these practices identify patients through a list generated by an algorithm based on practice visits in the last two years. Voluntary patient enrolment and a system to fund all members of the general practice team to reach out to patients via telephone are two strategies that will help overcome these barriers.

Question 2: What are the key enablers and barriers to compliance with the NBCSP screening pathway?

Barriers to compliance with the NBCSP include:

- *Patient education and literacy levels*

Many patients (including those with high levels of education) bring the unopened kit to their GP as they do not know how to use it. The RACGP recommends there be a targeted patient education initiative that coincides with the screening program.

For those with poor literacy, instructions need to be visual, with minimal requirements for writing down personal details (e.g. have a prefilled form). Specific support campaigns should be promoted for culturally and linguistically diverse (CALD) populations and Aboriginal and Torres Strait Islander people, including instruction sheets in different languages and promotional materials that are suitable for different cultural groups.

- *Lack of GP notification when a patient is sent their kit*

The RACGP recommends GPs are notified when kits are sent out to patients to ensure the GP is aware the patient has received and may submit the test. This ensures the GP has information available and is able to support the patient. This is particularly useful in cases where a patient performs the test when they have recently had a colonoscopy or if they have a known condition that causes rectal bleeding. Colonoscopy data should also be reported to the National Cancer Screening Register (NCSR) following Faecal Occult Blood Test (FOBT) screening.

- *Linking patient details to Medicare and the My Health Record*

The RACGP is supportive in principle of the recent release of the Healthcare Provider Portal that allows GPs to access and submit bowel screening data electronically. The RACGP also welcomes the integration of this portal with the GP's medical software.

Question 3: What are your experiences with NBCSP recruitment and invitation, quality, timeliness, and clinician engagement?

A GP's contribution to the success of the NBCSP goes beyond the assessment of a patient who has received a positive result and the submission of the corresponding information to the registry. GPs continue to engage in the program for the benefit of their patients, undertaking a number of unfunded administrative tasks to ensure the program is successfully delivered. Ongoing issues include the need to follow up with hospitals when they have failed to submit information to the registry after a referral for a colonoscopy.

The systems currently in place also make it difficult for GPs, practices and the Primary Health Networks (PHNs) to identify people who are under-screened, because there is a disconnect between primary care and the NBCSP.

The RACGP recommends assessment of the program includes a review of the GP contribution to the overall program to ensure continuing engagement and appropriate funding.

Equity challenges

Question 4: Are there any key equity of access challenges or opportunities that should be considered as part of ongoing implementation?

Targeted strategies, including media campaigns, should be considered for hard to reach populations, (CALD and Aboriginal and Torres Strait Islander people) to improve screening rates. Instructions on using the kit should be suitable for different cultural and language groups, as what has been done for the [National Indigenous Bowel Screening Pilot](#).

Peer support campaigns and champions in CALD communities would also help increase the screening rate in this group.

Additional comments

As a consequence of the recent changes allowing GPs to access and submit bowel screening data electronically, and integration of the portal with the GP's medical software, the Department of Health has also made a decision to conclude the payment GPs receive on submission of the completed assessment form. Regardless of whether this information is provided in a paper-based or electronic format, the GP's role has not changed. Following a positive test result, GPs still assess the person for absence of relevant symptoms or family history and then submit information regarding the assessment to the Bowel Cancer Screening Registry.

The RACGP has recently received correspondence from the Department regarding a meeting with the Cancer Hearing and Program Support Division to discuss engagement and promotion of this portal. We look forward to meeting with the Department to discuss this new functionality and future funding arrangements for GPs as part of this essential public health program.

The RACGP appreciates the opportunity to engage in this important consultation. For any enquiries regarding this letter, please contact Stephan Groombridge, eHealth and Quality Care Manager on 03 8699 0544 or stephan.groombridge@racgp.org.au.

Yours sincerely

Dr Karen Price
President

References

1. Triantafyllidis JK, et al. Screening for colorectal cancer: the role of the primary care physician. *European Journal of Gastroenterology & Hepatology* 2017. doi: 10.1097/MEG.0000000000000759
2. Australian Government. National Bowel Cancer Screening Program Primary Health Care Engagement Strategy 2016–2020. Canberra: Australian Government 2015.