RACGP
Royal Australian College of General Practitioners

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27 February 2024

Department of Health and Aged Care
GPO Box 9848
Canberra ACT 2601

Via email: breastscreenreviewPRG@health.gov.au

Dear BreastScreen review secretariat,

Re: BreastScreen Australia Program Review

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide feedback on the BreastScreen Australia program review consultation.

General practice is the most accessible service across Australia's healthcare system. General practitioners (GPs) and their teams play a vital role in all aspects of cancer care. A patient's first port of call is usually their GP when they have any health concerns, experiencing symptoms that may be suggestive of cancer, or is due for routine screen. Almost nine in 10 Australians visit a GP each year[1] providing many opportunities for GPs to advise their patients to be screened. The holistic, patient-centred, and relationship-based approach of general practice can help ensure the effective delivery of preventive care and treatment. GPs and their teams identify those at higher risk and provide advice on modifiable lifestyle risk factors (such as smoking and obesity) and screening. GPs also provide care coordination for patients with cancer and cancer survivors, including the ongoing management of any other health conditions (such as chronic disease or mental health).

Our responses to the consultation questions are outlined below.

1. *What are the biggest opportunities for breast cancer screening in Australia? What are the challenges?*

Opportunities

- Optimise integration of the BreastScreen program reminder/recall system with general practice electronic clinical records so GPs can advise patients whose screening is overdue to make an appointment.
- Encourage patients with a family history of breast cancer who attend the BreastScreen program to see their GP to discuss their individual circumstances.
- Encourage patients who attend the BreastScreen program to consider other evidence-based screening (e.g. bowel cancer screening)
- Emphasise the importance of breast screening and personal risk (e.g. family history) to patients presenting for other issues (including cervical screening, STI screening, pregnancy planning, peri-menopausal issues or menopausal symptoms) who do not attend the BreastScreen program.
- Inclusion of breast cancer screening reports into the National Screening Cancer Registry (NCSR). Whilst we understand the breast screening programs are administered by the States and Territories, the non-inclusion of the Federally funded breast cancer screening program in the NCSR is unacceptable.
- To support screening, Medicare Benefits Schedule (MBS) rebates should be available to support patients to regularly attend for prevention-focused general practice consultation, similar to the one-off health assessment in middle age and annual over 75 health assessment. Access to similar item numbers would facilitate comprehensive screening (including cancer screening where appropriate), targeted disease detection and prevention in line with recommendations in the RACGP guideline for

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preventive activities in general practice. This is also supported by the MBS Taskforce in the Taskforce findings – General Practice and Primary Care Clinical Committee report.

Challenges

The RACGP recognises that integration of breast cancer screening reports into the NCSR is outside of the direct control of BreastScreen Australia as is the functioning of the NCSR. However, the integration of the NCSR into general practice clinical information systems was aimed at making it easier for GPs to access patient information (by removing the need to log into the Provider Digital Access (PRODA) to access the Healthcare Provider Portal). and to download results from the NCSR into general practice clinical information systems. For the benefits of integration to be fully realised, there are a number of integration issues that need to be resolved.

The integration into general practice systems needs to be seamless, responsive and available for GPs to access at the point and time of care. Currently, access can be slow. Results are in PDF format, which cannot be efficiently utilised as part of a patient record. They should be stored as atomic data, which can easily be imported into the general practice clinical information system.

2. *Could the Breast Screen Australia Program be more effective at reducing illness and death from breast cancer?*

With timely diagnosis, the BreastScreen Australia program can be more effective at reducing illness and death from breast cancer. The low rates of access and screening in rural and remote communities, Aboriginal and Torres Strait Islander peoples and culturally and linguistically diverse (CALD) communities needs to be addressed. A whole-of-community approach needs to be taken and engaging the Aboriginal and Torres Strait Islander health practitioners and remote area nurses is key.

The RACGP recommends greater ongoing engagement with Aboriginal and Torres Strait Islander communities with Aboriginal and Torres Strait Islander health practitioners employed by BreastScreen, as well as having community champions that are embedded in Aboriginal Community Controlled Health Organisations (ACCHOs) and GP practices (or Primary Health Networks) that have large Aboriginal and Torres Strait Islander communities. Health services need to be culturally safe, and follow-up services for treatment need to be affordable and accessible to ensure ongoing success of the program.

3. *If you could make one change to improve the BreastScreen service, what would you suggest?*

The BreastScreen service should be integrated with general practice systems as outlined in our response to question 1 above.

4. *How could BreastScreen Australia be more effective in detecting breast cancer early and saving lives? Do you have any related research or evidence to share?*

The benefits of the screening program will be seen when many of those who are eligible are screened rather than trying to diagnose breast cancer earlier in those who are already being screened. There is likely to be an increase in harms from overdiagnosis and false positives if earlier diagnosis is sought rather than trying to reach those women who are not currently being screened and are likely to have cancer diagnosed at a later stage.

5. *Do you have any suggestions for how BreastScreen Australia can put evidence into practice nationally? What changes would ensure the Program is responsive to future evidence of best practice screening?*

BreastScreen Australia should consider a committee to look at and review emerging evidence and implementation strategies that will improve uptake of the program. The committee should include representatives

from various organisations including the RACGP, National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP), National Aboriginal Community Controlled Health Organisation (NACCHO) and the Lowitja Institute.

The principles of the National Safety and Quality Health Service (NSQHS) Standards should also be applied to ensure consumers receive an expected level of care from the program.

6. *Thinking about diverse communities and population groups in Australia, what are the enablers of participation in the BreastScreen Australia program? What are the barriers?*

The major enabler for participation is ongoing engagement with communities and the health services servicing those communities. Peer community workers would be helpful to engage with the different communities.

The barriers include:

- literacy levels and language
- lack of availability of IT infrastructure (for example, data on phones or computers at home)
- those with co-existing medical conditions, mental health problems or a history of trauma, which may impact the ability to organise and navigate screening appointments
- the availability of specific advice and pathways for the LGBTIQA+ community, specifically for trans and non-binary people, where both the sex assigned at birth and current gender identity will have an impact on the need for screening and the health services that are accessible and comfortable and safe for this group to attend.

7. *How could the BreastScreen Australia program improve the user experience?*

BreastScreen centres are located usually within hospital services where parking can be an issue with access and cost in a metropolitan setting. Screening services could be located in community hubs to enable easier access. For rural and remote communities, where access to a regional centre could still be far away, there could be consideration for a mobile screening service for these communities.

Including more women and Aboriginal and Torres Strait Islander health workers as part of the team at screening clinics will improve user experience as well as providing prompt assessment after a patient is recalled.

Engagement with communities will result in programs such as the Beautiful Shawl, which take a non-clinical approach to screening and fit in with community connections.

8. *What are the drivers for some women seeking breast cancer screening (i.e., not diagnostic) outside of the BreastScreen Australia?*

The drivers for some women seeking breast cancer screening outside of the BreastScreen program include:

- requiring supplementary scans if they have a family history
- other available tests including 3D tests and ultrasounds that increase sensitivity of the screening as well as additional investigations (e.g. biopsies may be done on the same day). Patients need to be advised these tests may not always be appropriate.
- receiving results the same day or the next day
- not being eligible for the BreastScreen program (e.g. women who have had cancer in the last few years)

9. *What are your views on the balance between the benefits of early cancer detection and the potential risk of overdiagnosis and unnecessary investigation for women participating in breast screening, and what factors influence your views?*

For the majority of women, the benefits of early cancer detection outweigh the risks, however, the impact of a biopsy for a benign lesion seen on ultrasound or MRI can be significant to the patient in terms of cost, anxiety and future screening behaviour. There should be better patient education provided about the benefits, risks and limitations of screening (especially for those with extremely dense breasts), including resources to aid shared decision making, that include the risk and consequences of overdiagnosis.

Thank you again for the opportunity to feedback to provide feedback on the BreastScreen Australia program review consultation. For any enquiries regarding this letter, please contact Stephan Groombridge, National Manager, Practice management, Standards and Quality Care on 03 8699 0544 or stephan.groombridge@racgp.org.au.

Yours sincerely

Dr Nicole Higgins
President

References

1. The Royal Australian College of General Practitioners. General Practice Health of the Nation 2023. East Melbourne: RACGP, 2023.