

Supporting PHNs in the National Lung Cancer Screening Program – Webinar Q&A

Why are GPs expected to register patients who decline screening, and is this requirement flexible?	GPs are expected to assess a patient's suitability for lung cancer screening and, if eligible, are strongly encouraged to complete the Eligibility and Enrolment Form to enrol them in the program. There is no need to register a patient who declines screening.
Could follow-up data be captured from MDTs rather than through GP-completed forms? Under what conditions are specialist referral, diagnosis, or participation management forms required?	The NCSR acts as a safety net for the program and will support delivery of the program and continued participation by maintaining a national database of low-dose CT scan results. The NCSR does not replace usual care arrangements; it is a support to assist a participant's lung cancer screening journey. Across the screening and assessment pathway, each form has a specific purpose that informs and supports a patient's screening journey: • Eligibility and Enrolment Form: Assesses your patient's suitability for lung cancer screening and, if eligible, complete to enrol them in the program. This form only needs to be submitted once. • Participation Management Form: Update your patient's program status after each follow-up scan – confirm eligibility, record an opt-out, or note a clinical recommendation to stop screening. • Specialist Referral Form: Refer patients with a high-risk result to a respiratory physician or specialist. This information allows NCSR follow up with the specialist for results of the investigations. • Diagnosis Form: Confirms the clinical diagnosis. Informs program pathways (e.g. screening interval or exiting the program), appropriate care, and contributes to national program monitoring. A specialist would be expected to fill this in. • Biopsy Adverse Events Form (if needed): Report any adverse events following a biopsy related to screening. A specialist would be expected to fill this in. Health acknowledges that various models of care exist, and recognises that in the past, not all suspected cases of lung cancer have been discussed by a lung cancer multidisciplinary team (MDT). Whilst this gap in coordinated care is being actively addressed through initiatives led by Cancer Australia and groups such as the Lung Cancer Clinical Quality Data Platform (LUCAP), it remains important that, in the interim, all healthcare professionals engage with the NCSR to ensure it functions effectively as a safety net – helping patients receive appropriate, timely and coordinated care.
Are there plans to streamline forms, including default	Health will be monitoring the performance, safety and quality of the NLCSP. Where data from healthcare providers is found to have quality issues, including issues with data completeness, the



values for common responses (e.g. Australia, English)?	Department will engage with relevant peak bodies to facilitate continuous improvement activities. The NLCSP will be evaluated within the first two years of operation. The outcomes of the independent evaluation will inform Government consideration of any changes to data forms.
Is there a clear document outlining the GP and patient journey, including required forms and timeframes?	The National Lung Cancer Screening Program Guidelines are a comprehensive resource that support healthcare professionals and support workers in navigating themselves and participants through each step of the National Lung Cancer Screening Program and screening and assessment pathway. They are available from: National Lung Cancer Screening Program – Guidelines Australian Government Department of Health, Disability and Ageing To complement this resource there is: • The Nodule Management protocol. Available at: National Lung Cancer Screening Program – Nodule management protocol Australian Government Department of Health, Disability and Ageing • a GP resource guide. Available at: National Lung Cancer Screening Program – General practitioner resource guide Australian Government Department of Health, Disability and Ageing • a 2-page summary of the program guidelines. Available at: National Lung Cancer Screening Program – Guidelines summary Australian Government Department of Health, Disability and Ageing • a requesting practitioner flowchart for eligibility and CT scan referral to support GP understanding of their role in across the NLCSP screening and assessment pathway. Available at: National Lung Cancer Screening Program – Requesting practitioner flow chart for eligibility and CT scan referral Australian Government Department of Health, Disability and Ageing
What can we do if a Practice experiences the NCSR crashing or slow connectivity when integrated? GPs are having issues with Best Practice and NCSR portal integration.	The NCSR actively monitors system performance. However, if a Practice experiences connectivity issues, slowness, or crashes when using the NCSR (via an integrated Clinical Information System), these may be related to version updates, firewall settings, or other factors. It is important that the NCSR team is notified so issues can be investigated and resolved. The NCSR has a dedicated support team, available on 1800 627 701 or at ncsr.gov.au/support Some users previously experienced issues accessing NLCSP functionality via their Best Practice integration. A fix was deployed by Best Practice in mid-July and communicated to Practices. Please note that a version update must be performed on each workstation within the Practice. If further support is required, contact the NCSR.
Why do patients need to be enrolled when	Enrolment is not mandatory, but it is strongly recommended. By enrolling patients, practices can ensure that only eligible



the NCSR gets an MBS item number notification once they've been screened? Is enrolment of a patient mandatory in the NCSR?	participants (e.g. within the age window of 50–70) are referred into the program. This helps avoid potential issues such as MBS rebates being rejected for ineligible referrals. Enrolment also activates the NCSR's reminder and follow-up safety net mechanisms. This means that if a patient does not attend their low-dose CT scan, both the patient and their GP will receive reminders to support attendance and encourage timely screening.
Many practices in our region are missing the step of enrolling their patients in the NCSR. Is there any way you can highlight this in the current comms.	The program and the NCSR are continuing to work with the primary care sector to reinforce implementation — including the step of patient enrolment. A range of resources are available to help practices supporting patients in lung cancer screening: • The NLCSP Healthcare Provider Toolkit on the Department of Health, Disability and Ageing website. https://www.health.gov.au/resources/collections/national-lung-cancer-screening-program-healthcare-provider-toolkit?language=en • Resources and quick start guides for GPs and other healthcare providers on the NCSR website. https://www.ncsr.gov.au/lung-program/for-healthcare-providers.html#accordion-1486b0c538-item-4960f42c49 To support this, please share information from the following toolkits in your communications: NCSR Primary Care Onboarding Kit NCSR Communications Toolkit
How can we support GPs to be registering and enrolling patients on the NCSR? Is there a demonstration of how to enrol a patient in Best Practice?	The NCSR Primary Care Onboarding Toolkit provides step-by-step guidance and resources, including demonstration videos for commonly used Clinical Information Systems (CIS) and the Healthcare Provider Portal. Onboarding Toolkit: https://www.ncsr.gov.au/content/dam/ncsr/NCSR-primary-care-onboarding-kit.pdf NLCSP participant enrolment demo videos: • Best Practice: https://www.youtube.com/watch?v=l9o7Jh-vSRo • Communicare: https://www.youtube.com/watch?v=8hqF4AKt6xE • MedicalDirector: https://www.youtube.com/watch?v=NimiFnTyZ80 • Healthcare Provider Portal: https://youtu.be/edXQj9kBkDw
Can patients register themselves on the NCSR?	No. Participants must be enrolled by their GP or another requesting practitioner who will assess the patient's eligibility for the program, determine their suitability for a low-dose CT scan, and have an informed discussion about the benefits and risks of lung cancer screening.



What follow-up process and timeframes apply if a patient is enrolled but does not complete a scan? Are both GP and patient contacted?	The referring practitioner will receive a reminder letter two months after the patient is enrolled, and the participant will receive a notification letter at three months. Further reminders are sent if the participant has not completed screening. This follow-up process only occurs if the healthcare provider enrolls the participant in the program at the time of referral, and if the participant has not opted out or chosen to cease receiving communications from the NCSR. In which case all follow-up becomes the sole responsibility of the healthcare provider as part of usual care.
Can enrolment data be auto populated into low-dose CT referral forms to reduce duplication?	No, as the referral form is housed outside the NCSR component of the Best Practice, Communicare and MedicalDirector software, enrolment data cannot be auto populated.
Will radiology providers perform low-dose CT scans if patients are referred without enrolment?	Yes. However, the requesting practitioner is required to assess eligibility and suitability for screening and undertake shared decision making. A standardised low-dose CT form is required for every low-dose CT scan. The request must contain clinically necessary detail and cover MBS requirements. This includes family history of lung cancer and personal history of any cancer.
Many PHNs have published a list of local radiology providers on HealthPathways. But were informed last week that the Lung Foundation have also been instructed to undertake this work. Are there plans for a central source of truth for this information?	We understand that Lung Foundation Australia may be doing some work in this space for their organisation. This is not designed to replace any work that you already have underway.
Is this education being offered to Primary Care directly?	Yes, the Healthcare Provider Dissemination Strategy ensures that the program materials and education resources are reaching the healthcare workforce to support program readiness and engagement. The strategy is running from July through to December 2025. A digital healthcare provider toolkit was shared with Primary Care in July that contains links to: • Resources for healthcare providers and the public, including new resources for Aboriginal and Torres Strait Islander people and translated resources in a range of languages. • Links to CPD-accredited program eLearning modules developed by Lung Foundation Australia.



	• A communications toolkit containing promotional content to share with your networks and raise awareness about the Program- social tiles, posters, newsletter copy. Hard copy packs with the new materials have been distributed via TONIC to all GP clinics across Australia. The program materials and education resources are being shared via peak bodies and professional colleges and communication agencies to promote through Electronic Direct Messages, conferences, websites and podcasts.
Has the Department worked with the GP software companies to embed smoking history pack year data into the templates, so GPs can capture this data and use it for auditing?	The department is not collecting data on pack years and therefore is not working with CIS software vendors to embed smoking history pack year data in their software.