Primary Health Care

Bowel Cancer Screening

Quality Improvement Toolkit

A practical guide to improve patient participation in the National Bowel Cancer Screening Program (NBCSP), including Alternative Access Model, as a QI activity .

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We respect their continued cultural and spiritual connection to country, waters, kin, and community.

We also pay our respect to their Elders past, present, and emerging as the custodians of knowledge and lore.

We are committed to making a valued contribution to the well-being of all Aboriginal and Torres Strait Islander peoples of northern Queensland.

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Where to get help?

Northern Queensland Primary Health Network
For more information, please contact the Primary Care Engagement Team
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About Bowel Cancer Screening

Bowel cancer is Australia's second biggest cancer killer and claims the lives of around 100 Australians every week. Around 15,000 new cases of bowel cancer are diagnosed in Australia each year. It is also one of the most preventable cancers, and more than 90% of bowel cancers can be successfully treated if detected early.

The National Bowel Cancer Screening Program (NBCSP) invites eligible people aged between 45 and 74 years to screen for bowel cancer:

- **45–49-year-olds** can join the program by requesting their first bowel screening test kit (either online, or by phoning 1800 627 701 or through their GP).
- **50–74-year-olds** who are due to screen are automatically sent a bowel screening test kit in the mail every 2 years.

Through the NBCSP, bowel screening test kits (iFOBTs) can be distributed in two ways:

1. Mail-out model (usual pathway)– kits are mailed out directly to eligible people, sent to the postal address registered with Medicare or DVA. This service is managed by Telstra Health.
2. Alternative Access to kits Model (AAM) – GPs and general practices can bulk order program kits and issue them directly to eligible patients aged 45-74. This can help people who have never screened or are overdue for screening to take that positive next step, with patients more likely to do the test after discussion with a trusted healthcare professional. This pathway is valuable for patients who may not respond to mail-outs or face barriers to completing the test.

Screening through the NBCSP has additional benefits such as the participant follow up function and the National Cancer Screening Register (NCSR) managing future screening invitations. Learn more about NBCSP supports in Queensland here.

Cancer screening is a cost-effective and valuable population health intervention. However, its full benefits are constrained because of low participation rates. Participation rates for the NBCSP at a national level is currently 41.7% with the participation rates for Queensland at 38.8%.

36.0%
Participation rate for eligible patients in the Northern Queensland PHN region

AIHW, NBCSP participation data, 2022-2023

Bowel cancer screening as a Quality Improvement (QI) activity aims to increase participation in bowel screening and to reduce morbidity and mortality.

About this toolkit

- Developed to support primary health care services with quality improvement activities including tips, examples, and templates to increase the uptake of bowel cancer screening.
- Includes information about the lowering of the eligible screening age to 45 and the Alternative Access to kits Model (AAM).

Outcomes of this toolkit

- Increase clinical knowledge and skills to understand bowel cancer and routine screening.
- Increase identification and accurate recording of completed bowel cancer screening results in clinical information systems (CIS) using the NCSR.
- Identify eligible people due for bowel cancer screening according to the NBCSP guidelines and updated Alternative Access Model (AAM).
- Boost patient awareness, education, and participation in bowel cancer screening, focusing on under or never-screened individuals.
- Measure sustainable improvements and track progress using Primary Sense.

Relevance to primary health care

This activity will assist primary health care with:

- RACGP Standards for general practices 5th edition include a range of requirements relating to QI.
- Meeting the requirements of the NBCSP.
- Meeting Practice Incentive Program (PIP) Quality Improvement (QI) incentive requirements.

Quality Improvement Activity Summary

This toolkit utilises the Model for Improvement (MFI) framework to plan the activity goal, activity measurement, and improvement ideas. For more information on MFI: How to Improve: Model for Improvement | Institute for Healthcare Improvement

The improvement ideas in this toolkit are examples only of practical steps to assist with improving bowel cancer screening participation. It is recommended to review each activity and select what may be appropriate for your primary health care service to consider undertaking and test using Plan Do Study Act (PDSA) cycles to make sustainable changes and record key learnings for your team.

Resource: Record your QI activities
Example: Bowel Cancer Screening PDSA exemplars (page 22)
Template: NINCo Plan, Do, Study, Act (PDSA) template

Goal of Quality Improvement Activity

Defining the goal of this activity provides your primary health care team with a statement of what you are trying to accomplish. Review the goal below and adjust according to your primary health care service starting point and requirements.

QI Activity Goal:
Our practice will aim to improve bowel cancer screening rates to 50% for eligible people aged 45-74 within the next 6 months.

Measure – How will you measure the change for this activity?

Regular review of activity measurement enables your primary health care team to assess progress and track whether the change(s) you are testing is leading to an improvement. It is best to measure at the beginning of the activity (baseline) and then at regular intervals throughout.

Example QI Activity Measure:
Use the following measurement to track your improvement activity for this focus area at your primary health care service:

QI Measure	Measure description	Detail
Measure 1: Outcome Measure Eligible patients screened	# of eligible patients screened for bowel	Numerator - # patients who are: • Aged 45-74 • Have had iFOBT within the past two years • RACGP active* Denominator - # patients who are: • Aged 45-74 • RACGP active*
Measure 2: Process Measure Kits provided	# of iFOBT kits provided to patients via the Alternative Access Model	Numerator • # of kits ordered via the NCSR (AAM) Denominator • # of kits provided to patients via the NCSR (AAM)

*RACGP defines an active patient as a patient who has attended the practice three or more times in the past two years.
Note: Refer to the next section on how to collect data for this measurement.

Quality Improvement Building Blocks

Step 1: Identify your QI team and establish QI activity communication processes

<table>
<tr><td>Identify your change team</td><td>

Identify the lead and practice team members to drive quality improvement work (e.g. one nurse, GP, admin, PM). Consider allied health, visiting clinicians and others that may form part of the team.
Allocate protected time for the QI team to perform required tasks e.g. 1hr per week.
Ensure that you have identified the “why” as some team members may not see QI as important or necessary.
Plan frequency of planning meetings for QI team.
Provide access to project files and related policy and procedures.
Schedule a whole team practice meeting to:

Identify QI team members
Agree on the QI plan and prepare for implementation
Demonstrate a team-based approach to meet PIP QI requirements

</td></tr>
<tr><td>Consider the roles of the team members</td><td>

Ask yourself the question: “what motivates a team member to want to be part of sustaining change and making improvements?” This is an important step as team members have different skill sets, interests, scope of practice and levels of authority.
Assign roles and responsibilities according to staff skill, interest and position.
Required QI team members:

General Practitioner (GP)
Practice Manager
Administrative team representative
Practice Nurse
(Note) * For smaller practices, staff may fulfill multiple roles.

</td></tr>
<tr><td>Communication with the practice team</td><td>

Identify who will need to be kept informed.
Identify the method(s) that will be used to inform and update all staff of any changes as a result of the QI activity e.g. staff/Clinical/Admin/Nurse meetings, email, noticeboard, group chat.
Ensure all staff are advised of the chosen communication(s) method.
Provide monthly updates to all staff of ongoing changes e.g. add QI to staff/Clinical/Admin/Nurse meetings.
Allow staff to contribute ideas and provide opportunities for staff feedback.
Distribute minutes/action points following any meetings held and ensure staff are aware of any follow-up needed.
</td></tr>
<tr><td>Practical considerations for team Meetings</td><td>

Schedule regular meetings to review progress toward your QI goals, especially during and at the conclusion of the activity, to reflect on progress, identify what is working well and track goal achievement.
If full team attendance isn’t achievable:

Ensure that each role has representation.
Establish a clear communication plan to share information with absent members.
Distribute minutes/action points following any meetings held and ensure staff are aware of any follow-up needed.

Practical suggestions:

Add QI as a standing agenda item in usual team meetings or set up specific meetings for this purpose.
Schedule meetings with advance notice to ensure key team members can attend.
Use practice data (e.g., Primary Sense) to inform planning and review during meetings.
Consider using a PDSA (Plan, Do, Study, Act) cycle to guide discussions and document plans, progress, and learnings.
Share and reflect of and celebrate your progress with the whole team.

</td></tr>
</table>

Step 2: Establish your improvement activity baseline data

Track your improvement over time

Decide how often you will monitor your completed screening rates (e.g. monthly) and how you will share this data with your team (team newsletters, lunchroom display, team meetings).

What data report to use?	The Primary Sense "Bowel and Breast Cancer Screening" report will provide you with a baseline of patients due for bowel screening. ***(Disclaimer: finding a true baseline percentage is not straightforward, Primary Sense doesn't output a bowel screening % directly and patient records can be incomplete. Treat your baseline as an estimate and refine it over time).***
Steps to collect baseline data	• Download the [Bowel and Breast Cancer Screening Report screening using Primary Sense] • Use the [Steps to Collect Baseline Data in Primary Sense] document for an exemplar to collect total eligible patient data. **Tip:** Re-run the same report monthly, update the Due count (and % if using), and plot a simple run chart to show improvement.

Record your baseline, monthly and completion measurement of your improvement activity here:

Baseline measurement	**Monthly measurement**	**Completion measurement**
Baseline percentage:	Month 1: Month 2:	Activity completion percentage:
Baseline date:	Month 3:	Activity completion date:

Get ready to use your data

- Make sure you're using the latest version of your CIS.
- Confirm that Primary Sense (or other data extraction tool):
  - Is installed on all staff desktops and accessible to all relevant team members.
  - Is functioning correctly and allowing users to log in without issues.

Help: Contact Northern Queensland PHN for support - pce@nqphn.com.au

Improvement idea #1:
Getting your data and systems ready

The aim of improvement idea #1 is to prepare your patient database to enable you to understand your current active population who requires bowel cancer screening and ensure your practice systems are ready to support bowel cancer screening operations.

1.1 Data Cleansing

Regularly review and update your policy and procedure for deactivating past patients (non-attending or deceased) to ensure it is appropriate and consistently applied.

- Establish a routine for deactivating patients, commonly every 3-6 months, based on a clinically determined timeframe (e.g., 2-3 years without attendance). Assign this task to the Practice Manager or Nurse. Consider including this into their position descriptions and schedule data cleansing in the practice calendar to maintain continuity during staff transitions.
- Remind administrative staff to always search "all patients" when searching patient records.
- Consider merging duplicate records to avoid lost data.
- Consider archiving or inactivating patients if they no long meet the criteria as an "active patient", such as:
    - o Deceased patients.
    - o Duplicate records.
    - o Patients with irrelevant postcodes or out of state addresses
    - o Patients who registered but never attended e.g., from online bookings
    - o Patients who have moved away or no longer attend the clinic.

1.2 Accurate recording of diagnosis and recording results

Understanding your population and creating a register is crucial for effective, tailored care. It supports early intervention, optimises resources, enhances coordination, and empowers patients. This will help you identify fundamental areas for improvement prior to undertaking QI cycles in your patient population groups, such as Aboriginal and/or Torres Strait Islander peoples, LGBTQI+ individuals, Culturally and Linguistically Diverse (CALD) communities and people with disabilities.

Key considerations for bowel cancer and screening include:

Clinical Coding

Avoid using free text for diagnosis in your patient records. Instead, using coded diagnosis will enable efficient and reliable recall of patients and ensure your reporting is more reliable.

For example, colonoscopies should be coded as "Screening Test – Bowel Cancer – Colonoscopy or "Colonoscopy" as an active item.

Note: **Primary Sense** only recognises colonoscopies coded as active within the last 12 months.

Bowel Screening Results

To correctly identify eligible patients and show accurate bowel cancer screening rates, results must be entered in the investigation results section of your clinical software. Simply actioning a result is not the same as recording it.

If screening has been completed elsewhere, record it in the notes and ensure the result is entered into the appropriate section for reporting.

Note: where results are manually saved in clinical software, Primary Sense will identify results named "FOBT" ***Tip: consider creating a practice process including a standardised consistent naming convention. i.e. "FOBT."***

IMPORTANT NOTE

NBCSP result codes recognised by Primary Sense include:

- IFOBT GP LETTER (from NCSR)
- IFOBT GP E-REPORT (lab report)
- iFOBT GP Assessment (positive result follow-up)
- FOBT
- ***Note:*** These may appear as duplicates but are counted once.

MD allows saving correspondence directly from the NCSR Hub. BP requires manual entry.

Resource: MD | Entering a Bowel Screening Result
Resource: BP | Entering a Bowel Screening Result

1.3 Recall and Reminder Systems

Review current recall and reminder systems to ensure an effective system is implemented to support bowel cancer screening. A **recall** occurs when a GP decides that the patient needs to be reviewed within a specific timeframe in response to a clinically significant event e.g. a positive iFOBT.

A **reminder** is offered to patients who may benefit from preventative care activities or may require review of their treatment e.g.,

- Routine bowel cancer screening reminder.
- Follow up with a patient who was provided an iFOBT through AAM but has not yet completed the test.

Proactively using recalls and reminders encourages patients to return for follow-ups, such as test results like positive iFOBT. Failure to do so may lead to adverse outcomes and potential medico-legal risks for practitioners.

Weblink: Follow-up systems| RACGP

1.4 National Cancer Screening Register (NCSR) integration

Integrating your clinical software with the NCSR ensures your practice maintains accurate and up-to-date bowel cancer screening records. This is particularly important for identifying patients who are due, never screened, or whose screening may have been completed elsewhere.

Before recalling or contacting patients identified as never screened or under-screened, practices should:

- ✔ Access the NCSR to confirm screening status.
- ✔ Compare patient lists generated by your clinical information system or data extraction tools (e.g., Primary Sense) and compare with NCSR data.
- ✔ Update patient records within your practice software to reflect the most accurate screening history.

Practical steps for general practice:

1. Establish a workflow for routinely checking the NCSR when onboarding new patients.
2. Nominate a staff member (e.g., practice nurse or admin team) to regularly review the NCSR and flag patients for GP follow-up.
3. Develop a procedure to ensure patient demographic information is updated regularly with the NCSR e.g., address, contact number, nominated representative.

Before integrating your clinical software with the NCSR (compatible with Best Practice, Medical Director, MMEx and Communicare), your organisation must first be registered in PRODA.

Watch this video to guide you through the information and requirements you will need to have ready before you begin, navigating PRODA to link the NCSR service to your organisation, manage members and set delegations, and registering your organisation in the NCSR Healthcare Provider Portal.

Video: NCSR Software Registration – Information and requirements to have ready

Access the NCSR via Clinical Software Integration:

Weblink: Clinical Software Integration: Registration user guide | National Cancer Screening Register

Resource: Primary Care Onboarding Kit

Need help?

Primary health care services can integrate their clinical software with the NCSR by registering via PRODA.

FOR FREE integration support, call NCSR: 1800 627 701 or schedule an appointment via the ***NCSR online booking system.***

1.5 Lowering of screening eligibility age to 45

On 1 July 2024, the eligible commencing age for bowel screening was lowered from 50 to 45, in line with national screening guidelines. At this time people aged between 45-49 became eligible to join the NBCSP, by requesting their first test kit. The initial test request officially registers a person for the program, and they will continue to receive kits through the program thereafter, when due. Test kits can be requested in the following ways:

- Self-directed, by phoning 1800 627 701 or completing an online webform OR
- Through a healthcare provider (GP), either through the Alternative Access Model (AAM) or by the GP requesting a kit for their patient through the NCSR.

More information about this change: Lowered eligible age for bowel screening

1.6 Alternative Access Model - Bowel Screening Kit Orders

The Alternative Access Model (AAM) enables healthcare providers to bulk order program kits and issue them directly to eligible patients. Practices are able to bulk-order bowel cancer screening kits from the NCSR, using a PRODA account, or by calling the NCSR.

The AAM enables direct access to bowel screening for your patients, without them having to wait for a kit to arrive in the mail. It also offers an opportunity for a GP to recommend screening and answer any questions that the patients may have about the process. This may be of particular benefit to patients who face barriers to routine participation and require encouragement or support from their trusted healthcare provider. Evidence shows that once people screen for the first time, they are much more likely to keep screening.

Consider offering AAM for your patients, as a way of empowering them to take charge of their health and in turn improve bowel cancer screening participation.

Practical tips for implementing alternative access:

Read the ***Alternative Access to Bowel Screening Kits Training Guide*** before ordering and issuing kits

To bulk order kits for your practice you need to:
log into the ***NCSR HCP portal***
click the 'iFOBT Bulk Orders' button
click the start your order button.

Order kits in bulk based on your patient population (e.g., 30 at a time).
Store in a cool, dry place (kits expire after 7 months)

1.7 Optimising bowel cancer screening opportunities in patient bookings

Integrating your clinical software with the NCSR ensures your practice maintains accurate and up-to-date bowel cancer screening records. This is particularly important for identifying patients who are due, never screened, or whose screening may have been completed elsewhere.

- Collect bowel cancer screening history on new patient forms or check the NCSR, setting reminders for upcoming screenings.
- Consider discussing bowel cancer screening opportunistic if attending to complete another screening test e.g., cervical or lung.
- Upload Shared Health Summaries to My Health Record when bowel cancer screening is completed.
- Monitor participation e.g., using an Excel spreadsheet and/or Primary Sense.

1.8 Include bowel screening to health assessment and GP management plan templates

Incorporate conversations about bowel screening as part of Medicare Benefit Schedule (MBS) health Assessments and/or GP management plans:

Activity	MBS item
Time-based MBS health assessment items (annually)	Items 701 (brief), 703 (standard), 705 (long), and 707 (prolonged)
Aboriginal and Torres Strait Islander health assessment (every 9 month)	Item 715
Chronic Condition Management (CCM) or contribution to plan	Items 965, 967 (review), 392, 92029, 92060
Service provided to a person with a chronic disease by a practice nurse	Item 10997
Menopause and perimenopause health assessment services for patients experiencing premature ovarian insufficiency, early menopause, perimenopause, and menopause.	Item 695
Assessment, diagnosis, and plan for patient aged <25 with an eligible disability consult lasting ≥ 45 mins	Item 139

Improvement idea #2: Train your team

The aim of improvement idea #2 is to equip your general practice team with training to effectively and equitably deliver the NBCSP. A range of education and training opportunities are available to support general practitioners, practice nurses, Aboriginal health workers, and other primary care staff to confidently deliver the program These include clinical and cultural safety training.

2.1 Cultural Safety and Awareness

Creating a supportive and culturally safe environment supports priority communities who are underscreened is paramount to improving screening rates. Cultural Safety and Awareness Training enhances culturally safe practices, covering historical impacts, opportunities, barriers, GP incentives, and Closing the Gap initiatives to support your patients.

Culturally safe care and the Alternative Access Model are critical because First Nations peoples have lower NBCSP participation, higher positivity rates, and lower diagnostic follow up. Use the For health professionals with First Nations patients guide to boosts participation through trusted clinician endorsement and opportunistic offers. See section 4.4 for more practical tips.

Resource: RACGP | Providing effective, culturally safe primary healthcare

2.2 Clinical practice guidelines

The Cancer Council Clinical practice guidelines for the prevention, early detection and management of colorectal cancer provide an evidence base for the National Bowel Cancer Screening Program and information and recommendations to guide practice across the continuum of cancer care including colorectal cancer prevention, screening and diagnosis, clinical aspects of surgery, radiotherapy and chemotherapy, follow-up and psychosocial care.

Resource: Population Screening for Colorectal Cancer | Cancer Council
Resource: Clinical practice guidelines for the prevention, early detection and management of colorectal cancer | Cancer Council

2.3 NBCSP education

The NBCSP learning hub supports general practice staff to encourage patient participation in the program, including education modules on barriers and enablers for patients hesitant to screen, continuity of care and how to implement bowel cancer screening in your practice.

Resource: GPEX | NBCSP Education

2.4 HealthPathways – localised bowel cancer screening pathways

HealthPathways Far North Queensland, HealthPathways Townsville, and HealthPathways Mackay offer practice managers, practice nurses, and GPs access to locally relevant, evidence-based information to provide bowel cancer screening to your patients. Designed for use during consultations, it provides clear guidance on assessing and managing patients, including details on referral pathways to local services, ensuring consistent, high-quality care.

Implementing HealthPathways in your practice:

1. Ensure staff are registered for HealthPathways in their regio
2. Ensure staff have reviewed the introductory video
3. Add HealthPathways to favourites on clinical staff desktops
4. Consider adding topic-relevant pages to favourites e.g., bowel cancer screening, whilst completing QI activities.

2.5 Bowel screening clinical audit

Northern Queensland Primary Health Netork offer a clinical audit focused on offering the alternative access model to eligible patients, assessing patient data to identify eligible individuals, determining suitability for population screening based on clinical guidelines, and implementing practice improvements to enhance participation in bowel screening.

Where to get help?

Northern Queensland Primary Health Network
p. (07) 4034 0300
e. pce@nqphn.com.au
w. www.nqphn.com.au

Improvement idea #3: Identify your eligible patients

The aim of improvement idea #3 is to ensure all eligible patients are accurately identified and flagged for bowel cancer screening, enabling practices to target priority groups and increase screening uptake.

3.1 Eligibility

Patients are eligible for the NBCSP if they are:

- Aged between 45-74 years
- Have a green Medicare card

45–49-year-olds	Can opt into the bowel program by requesting their first free bowel screening test kit be mailed to them OR through their health care provider.
50–74-year-olds	Their bowel screening test will be mailed out to their nominated address by the NBCSP.

Resource: Participant Screening Pathway | NBCSP

Video: NCSR Healthcare Provider Portal | Access and Submit Clinical Information

3.2 Identifying patients eligible for bowel cancer screening

Baseline data is your current performance. Baseline data for QI activities can be obtained from multiple sources e.g.,

- o Population health management and data analytics tools, such as Primary Sense.
- o Clinical software, using the search function / patient registers,
- o External data sources e.g., NCSR, pathology providers

- For your baseline data percentage of eligible patients who have an up-to-date bowel cancer screening test in their clinical record, you can access the *Bowel and Breast Cancer Screening report* to obtain a number of patients due. Use the:
  - o Male patients eligible for bowel cancer screening
  - o Female patients eligible for breast cancer screening and or bowel cancer screening
  - o Female Aboriginal and Torres Strait Islander patients between ages 40-49

  tabs depending on which patient population you would like to focus on and export the list to excel.
- Cross-check the patient's bowel cancer screening history through the NCSR by:
  - o NCSR integration, accessed through the patients CIS file. click to find out more, OR
  - o The NCSR healthcare provider portal via PRODA. If required, refer to the Healthcare Provider Portal user guide.

Select a sample (or group) of patients

It is important to direct your improvement efforts at the patients who are most likely to benefit. The next step is therefore to identify a suitable group (sample) of patients eligible for bowel cancer screening. Potential patient groups could be:

- Patients aged 45-49 who are wanting to opt in to the NBCSP early.
- Patients aged 70-74 who are exiting the NBCSP.
- Patients who identify as Aboriginal and Torres Strait Islander as they are less likely to screen routinely.

How to Filter in Excel

- o Once you have downloaded your report, you can then export it to Excel to add filters and reduce your patient list with a sample you'd like to work with.
- o Open your downloaded report in Excel
- o Select the data, then go **Data > Filter** to add filter arrows to the headers.
- o Click a column's filter arrow to select specific values, search, or use options like "Greater Than" for numbers or dates.
- o To clear a filter, click the filter arrow and select **Clear Filter.**
- o Use the **Primary Sense – How to use reports *guide*** for more information.

3.3 Managing patients not suitable for the NBCSP

Screening under the NBCSP may not be appropriate for patients who:

- Have had a colonoscopy in the past two years.
- Are currently experiencing symptoms of bowel cancer (e.g. rectal bleeding, unexplained weight loss, persistent abdominal pain, changes in bowel habits).
- Have a strong family history of bowel cancer.
- Have a personal history of bowel cancer or significant bowel disease.

For these patients, do not issue a NBCSP iFOBT; instead, escalate to the appropriate diagnostic or surveillance pathway.

Resource: Bowel Screening Decision Tool | NBCSP
Resource: Managing patients not suitable for the bowel screening program | DHDA
Resource: Screening strategies for patients with a family history of bowel cancer | NBCSP

Improvement idea #4: Engage your eligible patients

The aim of improvement idea #4 is to increase patient engagement in the National Bowel Cancer Screening program by raising awareness, offering opportunistic screening opportunities, and creating a safe and inclusive environment for priority patient populations.

4.1 Patient awareness and education

Identify opportunities for health promotion and prevention within your general practice to raise awareness of bowel cancer screening. Implement ways to promote bowel cancer screening (and alternative access to bowel screening kits) for your patients and consider how your practice will engage with under/never-screened patients using the NBCSP resources.

Communication	Purpose	Practical Example
Waiting Room Displays	Raise awareness of the NBCSP, eligibility and benefits of screening. Use simple, culturally appropriate visuals.	NBCSP posters, QR codes to more information, patient brochures.
Patient Recall and Reminders	Use SMS, phone calls, or letters to invite eligible patients to screen.	Use SMS templates: ***You may be due to screen for bowel cancer. Please book an appointment with your GP if you'd like to discuss bowel cancer screening.***
Team Communication	Ensure all staff share consistent, clear messages about the NBCSP. Keep the whole team updated and confident discussing the program.	Ensure team complete relevant training. Develop a short script for reception, nurses, and GPs to use when explaining eligibility and benefits of routine screening. Run short team huddles.
Motivational Interviewing and Stigma Reduction	Use open-ended questions and reflective listening to explore patient hesitancy. Frame conversations around health and prevention.	Use the NBCSP GP Resource to guide conversations. Participate in shared decision-making conversations so the patient understands the choice to screen.
Results Communication and Follow Up	Deliver results according to patient preference, with compassion and clarity.	Develop processes and procedures to deliver results to patients within an appropriate timeframe of receipt. Ask patients their results preference when screening in the NBCSP. Involve support people if required.

4.2 Provide bowel cancer screening kits in your clinic

Offering bowel cancer screening kits in your practice through the Alternative Access Model (AAM) is a valuable way to increase screening participation, particularly for patients who may not respond to mail-outs or who face barriers to completing the test.

Kits can be ordered in bulk by healthcare providers and issued directly to eligible patients during an appointment.

Considerations for offering kits

- ✔ Confirm eligibility via the NCSR hub in your integrated CIS or via the Healthcare Provider Portal.
- ✔ Complete the ***Bowel Kit Issued by a Healthcare Provider form*** to generate a unique participant details form.
- ✔ Print and provide the form to the patient, who must sign and include it with their samples in the reply-paid envelope.
- ✔ Offer patients the choice of having a kit mailed directly to their home via the NCSR if they prefer.

This process ensures samples can be tested and results returned correctly.

Encourage and support patients

- ✔ Show patients a demonstration kit and explain how to use it.
- ✔ Reassure them that the test is free, easy, and clean, and that if detected early, over 90% of bowel cancers can be successfully treated.
- ✔ Use conversation starters such as:
  - o ***"You may feel healthy now, but bowel cancer can develop without symptoms."***
  - o ***"Doing the test helps you stay strong and healthy for your family."***
  - o ***"The kit has liners and only the collection tube tip touches the sample."***
- ✔ Provide culturally appropriate and translated resources (available in 22+ languages).
- ✔ If patients prefer, they can still have a kit mailed to their home by the NCSR.

Resource: Issuing a kit step-by-step instructions | Best Practice
Resource: Issuing a kit step-by-step instructions| Medical Director

Recording and follow-up

- Monitor patient screening status, results, and alerts through the portal or your integrated software.
- Results are usually available within 4 weeks.
- Follow up with patients promptly for positive, inconclusive, or missing results.

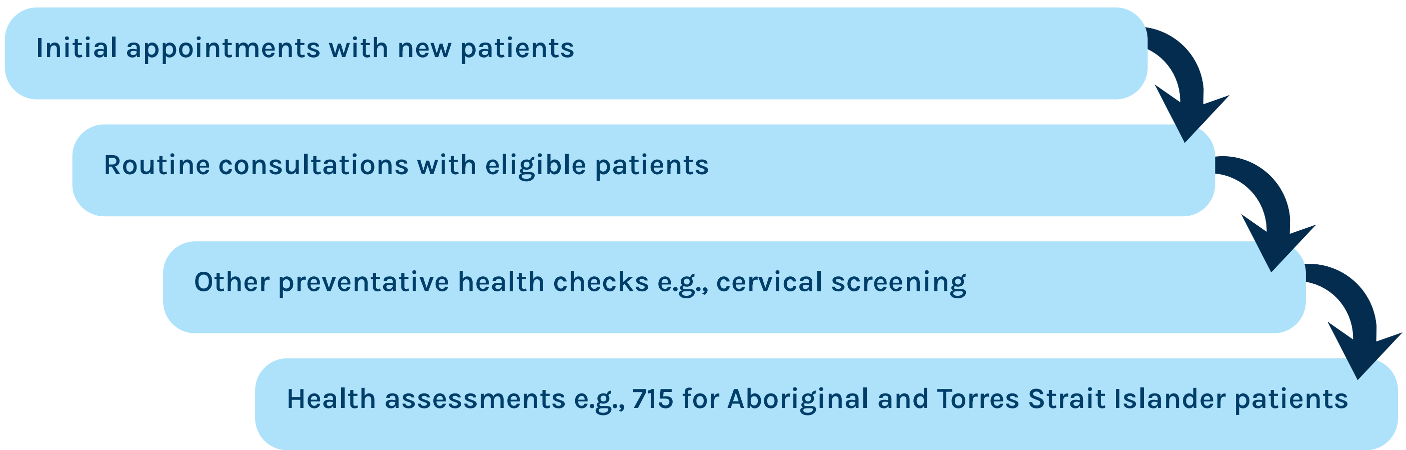
Alternative Access Model Resources:

Resource: Alternative access to bowel screening kits training guide | Australian Government Department of Health, Disability and Ageing

4.3 Opportunities for bowel cancer screening discussions

Check patients coming into the practice on the day or in the coming week use NCSR alerts in Best Practice (BP) or the NCSR widget in MedicalDirector (MD)—then add a reminder/recall or an appointment note for those due.

Consider these opportunities to discuss bowel cancer screening with your patients:



Resource: Checklist for talking with your patients | NBCSP
Resource: Best Practice | Summary of NCSR Notifications

Weblink: Medical Director | NCSR Patient Alerts

4.4 Creating a safe and inclusive environment for priority patient populations

Create a supportive and culturally safe environment and support priority communities. As a team, develop strategies to address inequities and improve screening rates among under-screened groups based on the priority populations in your practice such as:

- Offer the alternative access model to eligible patients. Discuss the benefits of screening, especially with under and never-screened patients.
- Access to a practice nurse to ask any further questions or to provide a kit demonstration.
- National interpreter services.
- Local transport options.
- Accessible, appropriate information and resources for priority groups, such as translated resources or easy read guides.

Consider reviewing your patient data to identify culturally and linguistically diverse populations and ensure appropriate resources in preferred languages are available to enhance accessibility and engagement.

Translated NBCSP resources are available: Translations | Australian Government Department of Health, Disability and Ageing

Patients who identify as Aboriginal and Torres Strait Islander

Aboriginal and Torres Strait Islander patients face higher rates of bowel cancer due to underscreening, late detection, and unique barriers such as cultural sensitivities, limited access to culturally appropriate services, and distrust of healthcare systems. To address these challenges, it's essential to create culturally safe, flexible, and inclusive screening practices.

Resource: NACCHO | A Guide for Healthcare Professionals

Weblink: For health professionals with Indigenous patients | DHDA
Weblink: Indigenous bowel screening resources for health professionals | DHDA
Weblink: Resources for families and communities – Indigenous bowel screening | DHDA

Checklist for practices

- Are there inclusive and culturally safe posters, brochures, and digital resources available in the practice?
- Do clinical staff know how to use the NCSR HCP portal and integration to bulk order and issue kits?
- Have practice staff (GPs, nurses, admin) completed cultural safety training?
- Do 715 health checks include discussions about bowel cancer screening?
- Is there a demonstration kit available to show patients how the kit works?

Finishing points

Sustainability check list – maintaining the change

Cyclical nature of PDSAs- Adopt, adapt, abandon	• Adopt: excellent work, embed that change. • Adapt: determine if a change is needed to the plan and start a new PDSA. • Abandon: Rethink the next PDSA • Lessons can be learned from PDSAs that are abandoned. Keep a record of learnings.
Set a clear review process for QI activities	• Frequency of reviews: Schedule reviews based on activity timeline e.g., every fortnight for a 12-week activity. • Data-driven reviews: Use practice data at each checkpoint to assess progress toward goals. • Identify barriers: During reviews, identify challenges or barriers to progress and plan corrective actions if needed.
Document your improvement activity	• Record your completion. • Documentation must be kept for 6 years for evidence of PIP QI if your practice is audited by the Department of Health, Disability and Ageing.
Sustaining project outcomes	• Updates to Policy and Procedure manual. • Specific task procedures. • Local signs or instructions. • Staff work practices. • Position descriptions. • Staff induction. • Staff skills development or education.
Communication is key to finishing a successful project	• QI project outcome feedback to staff. • Discuss project strengths and challenges. • Feedback to patients, where appropriate. • Consider Incorporating this as part of your practice preventative health care promotion activities.
Celebrate success	• Celebrate your outcomes and achievements by sharing a with a morning tea with your team. • Consider sharing your practice improvement activity efforts with your patients through practice newsletters, website or waiting room. E.g. displaying 'run charts' to demonstrate change over time.
Review and reflect	• Discuss project strengths and challenges. • Annually review the PDSA outcomes to ensure activities are still being adhered to and completed. • Annually review and audit your data related to this activity. Identify gaps, areas for improvement and set new targets if needed. • Where to next on your continuous QI journey? • Consider potential topics for a new CQI activity, and how your experience with this activity can help you to be more efficient and effective

PDSA Exemplars

PDSA Exemplar 1: Preparing your Data and Systems for the NBCSP
PDSA Exemplar 2: Training your Team to Deliver the NBCSP Effectively
PDSA Template: NINCo PDSA-Template

Bowel Cancer Screening Resources

- Central hub of resources for clinicians involved in bowel cancer screening: Healthcare Provider Resources | DHDA
- Resources designed for patients participating in the NBCSP: Participant Resources | DHDA
- National Bowel Cancer Screening Program – Information booklet. This booklet provides information about the National Bowel Cancer Screening Program. It tells you about bowel cancer, the screening process and what happens after you get your results. **You can order printed copies of this resource:** National Bowel Cancer Screening Program – Information booklet | DHDA
- Evidence-based recommendations for follow-up after adenoma or colorectal cancer detection: Clinical practice guidelines for surveillance colonoscopy | Cancer Council
- Demonstration kit for healthcare providers to use when showing patients how the test works: National Bowel Cancer Screening Program – Demo kit | Australian Government Department of Health, Disability and Ageing
- For healthcare providers: Supporting patients in bowel screening | National Cancer Screening Register
- Use RACGP self-report CPD guide for GPs to self-report CPD on a range of activities within QI
- NBCSP healthcare provider learning hub: National Bowel Cancer Screening Program | Learning Hub
- Consumer videos about bowel screening and about following up a positive test result

Appendix 1

Potential improvement roles and responsibilities of practice team members

Role	Responsibilities
General Practitioners	• Patient education on the NBCSP. • Offer the alternative access to bowel cancer screening kits model (AAM) in your practice. • Answer any patient questions that might arise as part of taking the test and offer any extra support or assistance if needed. • Complete the NBCSP participant details forms when providing bowel cancer screening kits directly to patients.
Practice Nurses	• Practice nurses can be instrumental in supporting patients to engage in routine cancer screening, such as, education around the NBCSP. This may occur during health assessments, CCM plans, or opportunistically. • If offering AAM, bulk-order kits using PRODA for clinic. • Support the implementation of the activity. • Provide support to generate data reports from clinical information system or Primary Sense. • Identify patients to provide opportunistic interventions. • Access the NCSR to search for patient information on behalf of the GP. • Add flags or clinician reminders for overdue patients.
Practice Manager	• Coordinate NCSR integration through PRODA. • If offering AAM, bulk-order kits using PRODA for clinic. • Maintain up to date patient registers. • Analyse practice data. • Provide protected time for clinical staff to complete CPD training and audit patient database. • Provide protected time for QI lead to complete activities.
Reception Staff	• Order and maintain resource supplies e.g., patient information sheets. • Display brochures and posters in high visibility areas within the practice that target a range of different underscreened communities. • Support the implementation of the activity. • Provide support to generate data reports. • Support the practice team to identify patients eligible for relevant reminders and contact patients as per practice reminder / recall procedure.
Medical and Nursing Students	• Consider tasks that medical or nursing students could implement during clinical placements to support your QI activities.

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