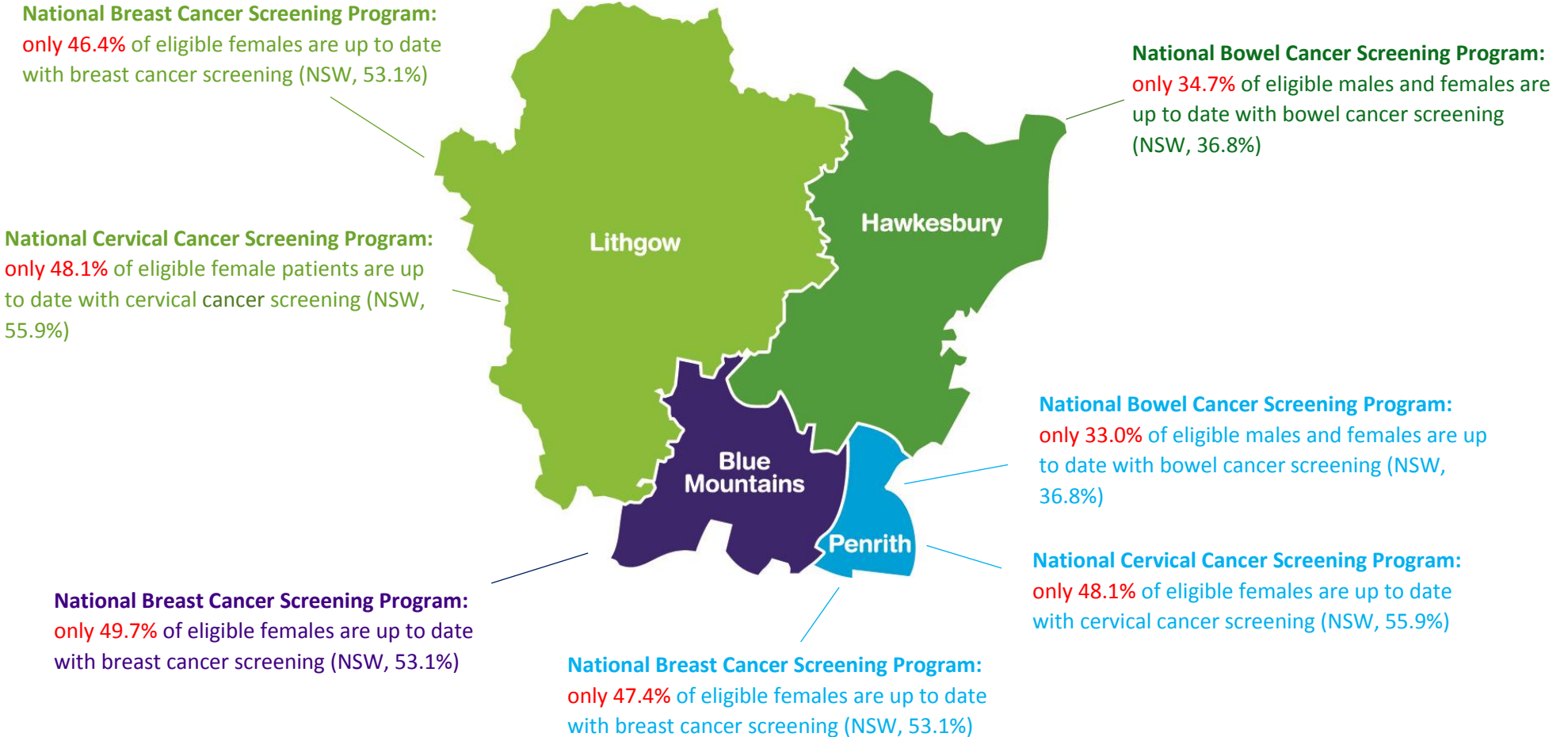


NBMPHN Regional Data to Inform your Quality Improvements

Reporting for Better Cancer Outcomes Performance Report 2018: (Nepean Blue Mountains)

This Cancer Institute NSW report contains some interesting and challenging data for all general practice, specialist healthcare and other cancer screening service providers in the NBMPHN region.



How do patients in your practice compare to this data? How is the care of your patients affected by this information?

Reporting Better Cancer Outcomes Performance Report 2018: (Nepean Blue Mountains)

This Cancer Institute NSW report released to NBMPHN in February 2019, contains some interesting and challenging data for all general practice, specialist healthcare and other cancer screening service providers in the NBMPHN region.

- There are **significant variations indicating poorer participation in breast, cervical and bowel cancer screening compared to NSW state averages** for age-eligible women and men living in local government areas within the Nepean Blue Mountains PHN region, including Blue Mountains, Hawkesbury, Lithgow and Penrith.
- There are also **significant variations indicating poorer performance in cancer prevention indicators compared to NSW state averages** for the entire Nepean Blue Mountains PHN region, including **tobacco control, maintenance of a healthy weight, alcohol consumption, adequate vegetable consumption** and **adequate physical activity**.

Although there are many potential explanations for these variations, **each GP and cancer screening service provider within the NBMPHN region should consider auditing and analysing their own data against the region's summary data** as presented, and compare their activities to best practice guidelines.

Background

The role of primary health care in having a significant impact upon improving cancer screening rates is well recognised. General Practitioners and Primary Care Nurses in particular are recognised as having an influential role with patients and in their decisions to participate in, or not participate in the available national programs for breast, cervical and bowel cancer screening.

Improving patient participation in these population-based screening programs might involve general practice teams providing information, appropriate

messaging and advice about the screening programs and how to access them; provision of cervical screening as a clinical service; identifying patients who are overdue for screening or who have never screened; proactively encouraging cancer screening services through phone calls, letters and face-to-face reminders; and referrals to other screening service providers, where relevant.

Primary healthcare providers also have a unique and pivotal position to deliver preventive healthcare activities to their patients. The Royal Australian College of General Practitioners *Guidelines for preventive activities in general practice (9th edition)* provides recommendations for the prevention of chronic disease through addressing the lifestyle risk factors of smoking, nutrition, alcohol and physical activity, all of which have an effect on the incidence and complications of some cancers. General practitioners and their teams are recognised as having the potential to make an important contribution to managing each of these lifestyle behaviours.

Recommendations

1. GPs and practice staff are encouraged to review the **Breast Screening, Cervical Screening and Bowel Cancer Screening** pathways available on the Nepean Blue Mountains HealthPathways website: <https://nbm.communityhealthpathways.org> and associated related resources on the NBMPHN website at: <https://www.nbmphn.com.au/Health-Professionals/Services/Cancer-Screening.aspx>
2. NBMPHN recommends that **each practice explore its own practice data and compare it with its own region's data**.
3. NBMPHN recommends that **each practice review its own data for individual patients and follow up with patients upon relevant cancer screening and prevention activities, in accordance with best practice guidelines**.

Summary of Reporting Better Cancer Outcomes Performance Report 2018 relevant to NBMPHN

	Blue Mountains	Hawkesbury	Lithgow	Penrith	NBMPHN	NSW
Variation in breast, cervical and bowel cancer screening participation rates, 2016-17 – within NBMPHN						
Breast cancer screening participation (women 50-74 years), 2016-17	49.7% (↓)	50.3% (↓)	46.4% (↓)	47.4% (↓)	48.4% (↓)	53.1%
Breast cancer screening (Aboriginal women 50-74 years), 2016-17	37.8% (↓)	36.2% (↓)	33.3% (↓)	34.9% (↓)	35.5% (↓)	41.7%
Breast cancer screening (Culturally and Linguistically Diverse women 50-74 years), 2016-17	33.4% (↓)	45.2% (↓)	45.4% (↓)	42.3% (↓)	41.5% (↓)	46.3%
Cervical cancer screening (women 20-69 years), July 2015-June 2017	56.8%	59.4%	50.8% (↓)	48.1% (↓)	52.1% (↓)	55.9%
Bowel cancer screening participation (men and women 50-74 years), 2017	39.4%	34.7% (↓)	36.7% (↓)	33.0% (↓)	35.2% (↓)	36.8%
Variation in cancer prevention indicators – NBMPHN compared to NSW averages						
Prevalence of smoking in adults					15.2%	15.2%
Proportion of women who smoked during pregnancy					12.1% (↑)	8.3%
Proportion of adults who are of a healthy weight					35.9% (↓)	46.5%
Proportion of adults who consume alcohol at levels within NHMRC guidelines					70.4%	68.9%
Proportion of adults who have adequate vegetable consumption					5.7% (↓)	6.6%
Proportion of adults who undertake adequate physical activity					56.0% (↓)	58.4%

Key: (↓) = higher than the NSW state average, indicating poorer performance

(↑) = lower than the NSW state average, indicating poorer performance

What does the data look like in your practice?

How to identify patients who are overdue for breast, cervical or bowel cancer screening in your practice

General Practitioners, Practice Nurses and/or other general practice staff can identify patients who are overdue for breast, cervical or bowel cancer screening using filters available within the Pen CS (CAT4) tool.

Pen CAT Recipe – Mammogram:

1. Open your practice Clinical Audit Tool on your computer and select 'Daily View'.
2. Select the most recent monthly extract you wish to review under "View Extracts".
3. Click on "View Filter" and under the general tab select the following, "Female", Age 50-74, "Active (3x in 2 yrs)" and then click "Recalculate" to apply the filter.
4. Click on the 'Screening' tab and then on the 'Mammogram' sub-tab
5. You can display the patients in one or more categories of the chart by double clicking on the corresponding part of the pie. You can also export the list of patients by clicking 'export'.

This report will provide the practice with a list of female patients aged 50-74 years who have had a mammogram recorded in 2-3 years, 3-4 years, more than four years and who do not have a mammogram recorded (all are **overdue** for screening). In addition, patients who are ineligible, who have had a mammogram recorded in less than 1 year, and within 1-2 years are also identified (depending on the slice that you export).

Pen CAT Recipe – Cervical Screening Test (CST):

1. Repeat steps 1, 2 and 5 as for the *Mammogram* recipe
2. Click on "View Filter" and under the general tab select the following, "Female", Age 25-74, "Active (3x in 2 yrs)" and then click "Recalculate" to apply the filter.
3. Click on the 'Screening' Tab and then on the 'Cervical Screening' sub-tab
4. Click on HPV>5yrs / Pap>2yrs (no HPV) of the pie graph slices section, then 'Export' or 'Report'

This report will provide the practice with a list of female patients aged 25-74 years who have had a pap smear recorded **more than 2** years and HPV more than 5 years (who are **overdue** for screening). **Please note:** Cervical Screening Test is a Human Papillomavirus (HPV test).

Pen CAT Recipe – FOBT:

1. Repeat steps 1, 2 and 5 as for the *Mammogram* recipe
2. Click on "View Filter" and under the general tab select the following, "Female" or "Male" for information on a specific gender (leave both unticked if you are looking at both genders), Age 50-74, "Active (3x in 2 yrs)" and then click "Recalculate" to apply the filter.
3. Click on the 'Screening' Tab.
4. Click on the 'FOBT' sub-tab and then click on 'FOBT last recorded' to display the report.

This report will provide the practice with a list of patients aged 50-74 years who have had a FOBT recorded in 2-3 years, 3-4 years, more than four years and who do not have a FOBT recorded (all are **overdue** for screening). In addition, patients who are ineligible, who have had a FOBT recorded less than 1 year, and within 1-2 years are also identified (depending on the slice that you export).