HOW CAN WE IMPROVE PARTICIPATION IN CANCER SCREENING?

Improving cancer screening rates

Research shows that strong primary health care involvement is associated with greater screening participation rates. In particular, the following primary care activities have led to higher participation rates:

- having a GP endorse an invitation to take a screening test
- use of recall and reminder systems
- participation in quality improvement programs incorporating audit and feedback on screening.

Strategies to improve cancer screening participation rates

Reminder Letters

As GP reminder letters have been shown to increase the rates of screening, consider developing your own template letters for use and/or modifying the examples included in this Toolkit.

For a NBCSP template letter to support people to undertake bowel cancer screening, please see here: http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/gp-template-letter

- Alternatively you may wish to send the following SMS to your 49 year old patients close to their 50th birthday:

  Around your 50th birthday you will be sent a free bowel cancer screening kit. Please do this test - screening saves lives. GP NAME

- Or the following SMS to those aged between 50 and 74 years of age:

  If you're aged 50-74 and eligible you will be sent a free bowel cancer screening kit. Please do this test - screening saves lives. Check when your kit will arrive at www.cancerscreening.gov.au/bowel GP NAME

- To access a draft reminder letter for bowel cancer screening, please see Appendix 2
- To access a sample template reminder letter for breast cancer screening, please see Appendix 3
- To access a sample template reminder letter for cervical cancer screening, please see Appendix 4

These samples can also be amended for use in SMS reminders.

Hot Tip!

Use a readability tool to assess how easy your letters are to read.

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Recall and Reminder Systems

Essential to the success of any Health Service's recall and reminder systems are well-defined and controlled lists of eligible patients.

1. Make sure your team codes appropriately in your clinical information software and you are receiving results in electronic format so that electronic registers (in Pen CAT) for breast, bowel and cervical cancer screening are accurate

2. Hold a team meeting to update/develop cancer screening recall and reminder systems and identify who will do what and when

3. Train the team on how to use all aspects relating to your recalls and reminder system in your clinical information software

4. If using SMS for reminder follow ups and recalls, ensure that your system is aligned to the appropriate age ranges and testing intervals for each of the three cancer topics

5. Review and action outstanding recalls and reminders in your patient records to follow-up or remove them

6. Continuously monitor the effectiveness of these systems and make changes, as required.

In line with best practice, the RACGP Accreditation Standards specify the need for Health Services to remind patients when they need to have another screening and not rely on patients receiving reminders from the register (Accreditation: RACGP Core Standard 2, criterion C2.2 B and C).

Quality Improvement Activities

By accessing this toolkit, you have already started considering ways to improve your cancer screening rates.

Use the cancer screening quality improvement checklists in this toolkit to assess your processes and systems. Following this, utilise quality improvement frameworks and tools such as the Model for Improvement to begin trialling changes to make improvements.

As you make changes keep your whole team up-to-date with your progress to keep the team engaged, focused and motivated to continue this valuable improvement work.

Make the most of opportunities to screen!

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- 715 health assessments
- Health assessment for refugees and other humanitarian entrants
- Health assessment for people with an intellectual disability
- Health assessment for people aged 45 to 49 years

Cancer Screening Recall and Reminder Systems Activity Checklist

Please use the following checklist to ensure your recall and reminder systems for cancer screening are fit for purpose.

☐ Do we need to clean our data to establish an up-to-date list of people who are eligible for breast, bowel and cervical cancer screening and those who are due for screening?

☐ Do our registers capture new patients effectively and archive patients effectively?

☐ Do our registers monitor attendance and have systems to follow-up patients who do not attend?

☐ Is maintaining our cancer screening registers part of our Health Service's policy and guidelines?

☐ Do we have a register manager and a contingency plan for when this person is away?

☐ Does our whole team understand our recall and reminder system?

☐ Do we have systematic reminder systems?

☐ Do we use prompts in the appointment system or clinical software to identify individuals with specific needs? (e.g. those for whom English is a second language, women with disabilities)

☐ Do we have multiple channels for communicating reminders depending on the needs and preferences of the patient? (e.g. letter, SMS, phone call, letters translated into other languages, etc.)

☐ Have we put our reminder letter through a health literacy check? (please refer to Take a person centred approach' Appendix 5: Usefu.l Resources for more information)

☐ Can individuals who don't want to participate in screening opt out from ongoing reminders?