

THE BOTTOM LINE

Sept 2008

A publication from the Queensland Bowel Cancer Screening Program (QBCSP)

Welcome to the September 2008 edition of 'The Bottom Line'. The purpose of this publication is to keep you up to date with progress in the implementation of the National Bowel Cancer Screening Program (NBCSP) in Queensland.

Across Australia

Phase 1 of the NBCSP finished on 30 June 2008. As part of the Federal Budget, the Australian Government announced their commitment to expand the NBCSP over the coming years. As a first step to screening for all people aged over 50 years in the longer term, the Australian Government has committed \$87.2 million over three years to 2010 to provide bowel cancer screening to everyone turning 50, 55 or 65 between 2008 and 2010, with invitations commencing on 01 July 2008. In Queensland this means that around 416,000 people will be invited to participate between 2008 and 2010.

Rescreening

The Australian Government also announced that the expanded Program would not include re-screening of previous Program invitees. The Federal Government has indicated that they will review this decision in the future taking into account the Government's overall health priorities at the time. If people have any queries or concerns in regards to this Australian Government policy decision, they are encouraged to contact the National Helpline on 1800 118 868.

Participant Follow-Up Function

A new feature of Phase 2 of the NBCSP is the establishment of a Participant Follow-Up function to be undertaken by States/Territories. Whilst the detail of this function is still being finalised, in principle the function aims to assist all Program participants with a positive FOBT result to progress in the screening pathway, or alternatively to determine that a participant has suspended or terminated their progression through the pathway. This function assumes *some* of the responsibilities of the NBCSP Information Managers employed by Medicare Australia during Phase 1.

The NBCSP Register will maintain primary responsibility for providing a 'safety net' function and for the collection of Program data. The Register will continue to provide reminder letters to participants and health professionals for whom there is no record of appropriate follow-up recorded, and will interact with those undertaking the Participant Follow-Up function in States/Territories to ensure all participants complete the screening pathway; that this is completed in a timely fashion, and that this is accurately recorded in the NBCSP Register.

Policy Framework

The Australian Government is currently working with State/Territory governments to develop a new Policy Framework for Phase 2 of the NBCSP, and Working Groups are also further developing monitoring and reporting requirements for the Program, and the development of communication messages for this Phase of the Program. The Cancer Council of Victoria is Chair of the Communications Working Group.

Max Walker Advertisements

The Bowel Cancer and Digestive Research Institute Australia was contracted by the Australian Government during Phase 1 to develop bowel cancer awareness strategies, and they will be updating the advertisements featuring Max Walker with the NBCSP's new age cohort for this Phase. This will include a national radio and television community service campaign using the Max Walker advertisements.

National Quality Working Group Report

The draft report from the NBCSP Quality Working Group was released for public consultation on 12 June 2008. The draft report contains a series of proposals for establishing a quality framework for colonoscopy in the context of the NBCSP and beyond. The report was commissioned by the Australian Health Ministers' Advisory Council (AHMAC) to advise on strategies to improve quality, consistency, and availability of colonoscopy services in Australia. The QBCSP Quality Management Committee provided feedback on the draft report and there is strong support for the development of quality standards for colonoscopy services.

An important next step for the NBCSP is to develop a broader quality framework for the screening program which encompasses the entire screening pathway from point of invitation, to either histological confirmation of an abnormality

or cancer, or invitation to re-screening.

Across the State

Implementation Data

As at the end of Phase 1 (June 2008), 203 245 FOBT invitations had been sent to eligible Queenslanders with 86 039 kits returned. 76 303 negative test results and 6332 positive test results were recorded, with 3404 participants recording no result or an inconclusive result. The overall participation rate as at the end of June 2008 in Queensland was 42.3%

Evaluation

Phase 1 of the Program in Queensland has recently been evaluated. This included quantitative analysis of colonoscopy data from designated facilities, qualitative interviews with GE Nurse Coordinators, Health Promotion Officers, Authorised Providers, Anaesthetists and Histopathologists, as well as focus groups with General Practitioners. Client Satisfaction Surveys from Program participants undergoing colonoscopy at a designated Queensland Health facility have also been analysed. A full report of the evaluation of Phase 1 and the Queensland Program model is expected within the next month, however a summary of the evaluation findings follows -

Colonoscopy data:

For the period 7 August 2006 to 31 March 2008 QH had undertaken 1,133 assessment colonoscopies in the public sector. Of these –

70.8% (802) of people had a polypectomy
59.3% (593) had a histopathological confirmed adenoma removed (pre-cancerous lesion); and
5.0% (57) had a histopathologically confirmed colorectal cancer.

This data indicates that the Program has potentially prevented 593 bowel cancers. These outcomes demonstrate that the Program has the potential to significantly reduce deaths from and the impact on individuals, their families and the health system.

Feedback on Authorised Provider model:

- Authorised providers strongly support the model and believe it provides a high quality, effective assessment colonoscopy service.
- The role of GENC is highly valued in assisting with rapid triaging of participants and providing an interface between participants and authorised providers. It was suggested that the model could be promulgated for demand management more broadly to discourage inappropriate referrals to the public hospital system.
- Many authorised providers expressed surprise at the high proportion of participants with significant abnormalities and this was seen as demonstrating the value of the screening program.
- Many authorised providers expressed concern about the potential impact of this high level of abnormality detection on colonoscopy surveillance services

Client satisfaction survey feedback:

Feedback is gathered from Program participants accessing assessment colonoscopy services at designated facilities through a Client Satisfaction Survey which is offered to all participants. This survey indicates that satisfaction with the Program and the assessment colonoscopy service provided by Queensland Health is high. Some participants of the Program have chosen to express their appreciation for the Program and encourage others to participate by sharing their stories in their local media.

Endoscopy Services Information System Solution (ESISS) Project

The ESISS (Endoscopy Services Information System) Project released a Request for Offer (RFO) to an International Market in November 2007. There were several offers submitted in response to the RFO and these were assessed by the ESISS Evaluation Working Group (EWG) over the first quarter of 2008. Evaluating the functional, technical and usability aspects of the offered solutions, the EWG compiled an Evaluation Recommendation Report which was endorsed by the ESISS Steering Committee at a meeting on the 16th April 2008. Contract negotiations have since commenced and are currently at the point of reviewing a draft GITC contract for the Clinical software component. Negotiations for a Scheduling software component have been slowed until it is clear what the eHealth Alliance will be doing with regards to the identified priority of Enterprise Scheduling. 2009 will see the implementation stage of the project with a focus on facility preparation and change management.

Aboriginal and Torres Strait Islander Project Status

A trial of an alternate service model has continued to be implemented within Queensland, involving the distribution of FOBT kits through local health services rather than via direct mail. Communities participating to date include Yarrabah, Hopevale, Lockhart River, Napranum, Mapoon, Northern Peninsula Area, and Roma, with Palm Island, Mt Isa and Doomadgee soon to commence. As at 31 August 2008, 598 kits had been distributed within these communities with 118 kits returned. The trial will be formally evaluated within the next 2-3 months with recommendations from this to direct future expansion of the alternate service model in Queensland.

What's new!

- **New Participant Follow-Up function** – further detail on this function to be provided once negotiations between the Australian Government and States/Territories are finalised.
- **Program Forms now online**

Forms for the National Bowel Cancer Screening Program (NBCSP), including General Practitioner Assessment forms and Colonoscopy, and Histopathology forms, are now available for completion and submission online.

The forms are required to provide information to the National Register about Program participants' progress through the screening pathway. This information acts as a safety net to ensure all participants receive the follow-up assessment necessary.

These forms can be accessed through the NBCSP website at www.cancerscreening.gov.au. Information payments relating to submission of these forms have also been increased during Phase 2 to - \$11 (incl GST) for each Colonoscopy or Histopathology forms, \$8.80 (incl GST) for each Referred/Not Referred for Colonoscopy form, and \$6.60 (incl GST) for each Adverse Outcome form

- **New staff**

The QBCSP has welcomed a number of new staff since April 2008.

Ruth Ward and Deb West have commenced as Health Promotion Officers in the Bundaberg and West Moreton catchments respectively.

Janette Frazer-Allen has temporarily joined the QBCSP team as an A/Senior Project Officer assisting with the establishment of the Participant Follow-Up function in Queensland.

Liela Murison has commenced as the Implementation Coordinator for the Townsville Catchment to assist in the implementation of the alternate delivery model for Indigenous communities in Palm Island, Mt Isa and Doomadgee. Lisa Fletcher has resigned as Implementation Coordinator for the Cairns Catchment and has been replaced by Judith Parnham.

Michelle Fisher has been employed as the new Medicare Australia Information Manager (Qld) for the National Bowel Cancer Screening Program, the position formally held by Ms Alicia Smith.

Feedback

We value the input of our key stakeholders. Should you have any feedback regarding the Program in Queensland, please contact: bowelcancerscreening@health.qld.gov.au.

Want to know more?

Visit our website at www.health.qld.gov.au/bowelcancer or phone the Queensland Bowel Cancer Screening Program on 1300 766 927.