

Cancer Screening Strategic Framework

2019 to 2026



Cancer Screening Strategic Framework - 2019 to 2026

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Contents

Summary	4
Overview	5
The need for action	6
Increasing screening behaviour	6
Multi-strategy approach	7
Pathway to keeping Queenslanders healthy	8
Monitoring performance and reporting	10
Related strategies and plans	12
References	13

Figure 1 – Multi strategy framework for state-wide cancer screening action in Queensland..... 7

Figure 2 - Cancer screening ‘Theory of Change’ for keeping Queenslanders healthy – medium to long-term outcomes..... 9

Figure 3 - Queensland participation and timeliness quality targets for national cancer screening programs.....11

Summary

An important aim of any health system is to promote, maintain and restore a healthy society. Population-based cancer screening programs help protect the health of Queenslanders through prevention and early detection. Cancer screening has direct health benefits to the population and because of its preventive and early detection function also contributes to greater societal productivity, a stronger economy, and less demand on health and social services. As such cancer screening programs can be considered high-value health care.

The Queensland Government plan *Our Future State: Advancing Queensland's Priorities* has the goal of keeping Queenslanders healthy and reaffirms that prevention must be where the government focuses more of its efforts. (Queensland Government, 2018) Investing in prevention generates benefits to individuals, their families, the health system and economy.

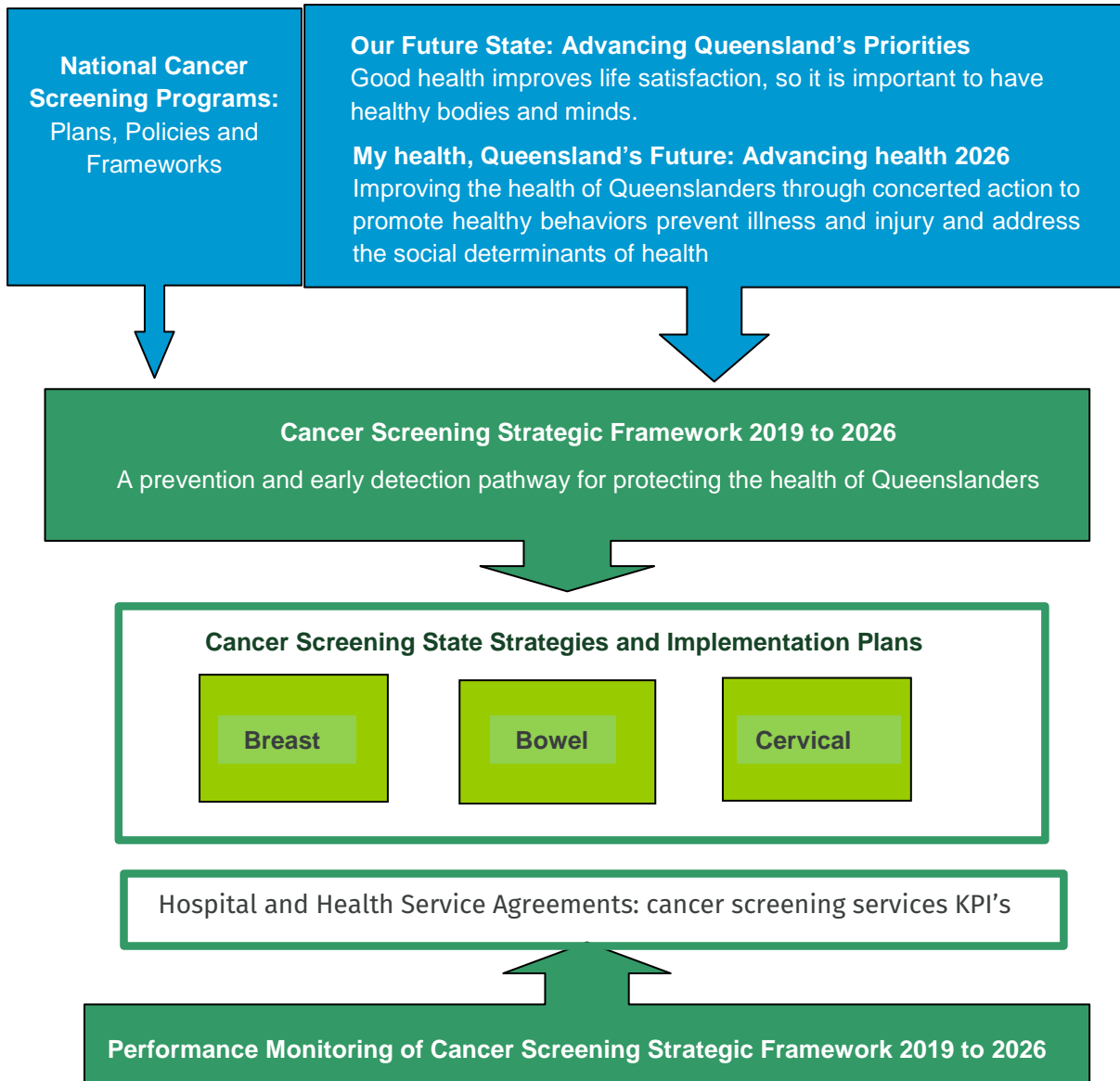
My Health, Queensland's Future: Advancing health 2026 sets an ambitious vision of making Queenslanders among the healthiest people in the world. (Queensland Health, 2016) Effective prevention and early detection efforts will be vital to achieving this vision.

The *Cancer Screening Strategic Framework 2019 to 2026* provides a prevention and early detection pathway for improved cancer outcomes for Queenslanders. The framework focuses on increasing participation in the three national cancer screening programs (i.e., breast, bowel and cervical) and ensuring timely, safe and high-quality health service provision across the entire participant screening pathway.¹

Ambitious participation targets have been set for 2026/27 given current participation trends, and a range of actions need implementing to realise these targets. Details of the work required are outlined in State Strategies for the three cancer screening programs. The work will also require broad stakeholder engagement, including with Hospital and Health Services (HHS), primary health care providers and eligible Queenslanders.

¹ Within the Framework references to 'the entire screening participant pathway', encompasses the steps that Program participants may take from the invitation to screen, potential diagnostic follow-up, through to a diagnosis.

Overview



Goal

To reduce morbidity and mortality from breast, bowel and cervical cancer for eligible Queenslanders.

Objectives

To increase the proportion of eligible Queenslanders who access and participate in national screening for breast, bowel and cervical cancer.

To ensure timely, safe and high-quality health services are provided across the entire cancer screening participant pathway.

The need for action

Many Queenslanders are living longer due to health gains across all ages, however there are still disparities in health status by the remoteness of where one lives, by socioeconomic status and by Indigenous status.

Cancer currently causes the greatest loss of healthy life in Queensland and when considering the whole population, lung cancer causes the most health loss, followed by bowel and breast cancers. Breast cancer is the most common in females, colorectal cancer the second most common in males and cervical cancer the fourth most common affecting women.

Early diagnosis of cancer is a significant contributor to long-term survival and reduced cancer mortality. Furthermore, finding cancers early contributes to improved quality of cancer survivorship and reduces overall health system costs. A large proportion of the cancers diagnosed for bowel and cervical are in people who have never screened, while the risk of dying from cancer is lower in people who have participated in screening programs.

Cancer screening is targeted at individuals without overt signs and symptoms of the disease and as such can detect disease at an early stage, which can lead to better outcomes than if the disease was detected at later stages when more advanced.

While Queensland cancer mortality rates have been reducing gradually over the past decade, in part, because of the introduction of cancer screening programs, the aging population means increasing numbers of people are being affected by cancer over time.

Treatment costs to the health system for cancer are great, largely due to the high burden of disease and availability and advancements in cancer treatment methods. Cancer screening is cost effective to the health system as a result of the treatment costs which are averted through prevention and early detection.

Participation trends in the three cancer screening programs vary and overall are lower than desired. Bowel screening is relatively stable and breast screening is declining. Cervical screening has undergone a significant program change, with a new test, increased screening interval and increase in commencement screening age and therefore a current participation trend is not available. A sustained investment in strategies to increase screening numbers is needed to optimise population coverage and realise the intended benefits of population-based cancer screening programs.

Increasing screening behaviour

To maximise the benefits and effectiveness of screening programs, high levels of participation are needed. Strategies that raise awareness of and encourage and promote participation by eligible Queenslanders and increasing access opportunities are essential to improving and protecting the health of the population.

There are individual risks associated with participating in cancer screening programs, however these are outweighed by benefits when looking at health gains across the entire eligible population. Informed choice for individuals is therefore an important individual consideration for increasing cancer screening participation.

Health behaviours are also known to be shaped by individual characteristics such as genetics, knowledge, skills and attitudes. Additionally, a recommendation by a trusted health care professional, as well as the places where people live, socioeconomic status, education level, and relationships with family, peers and the wider community also influence individual choices and decisions about a person’s healthy behaviours.

Cancer screening participation rates can be improved through interventions such as mass media campaigns, general practitioner endorsement and enhanced pre-screening reminders. Interventions can improve participation in the overall target population and in under-screened population groups and communities. Multicomponent interventions lead to greater improvements in participation when they combine strategies to increase community demand (e.g., enhanced reminders) and access (e.g., extended opening hours). There is also evidence that once a person initiates screening and completes their first screen, they are much more likely to continue to screen and this has some transferability across other cancer screening programs.

Multi-strategy approach

A multi-strategy approach is used to guide state-wide actions as it recognises and responds to the broad influences on screening behaviour. The six integrated strategies below are informed by the Standing Committee on Screenings Population Health Screening Framework (Department of Health, 2016) along with national cancer screening policy and quality management frameworks (Department of Health, 2017) (Department of Health, 2018) (BreastScreen Australia, 2017).

Figure 1 – Multi strategy framework for state-wide cancer screening action in Queensland



Pathway to keeping Queenslanders healthy

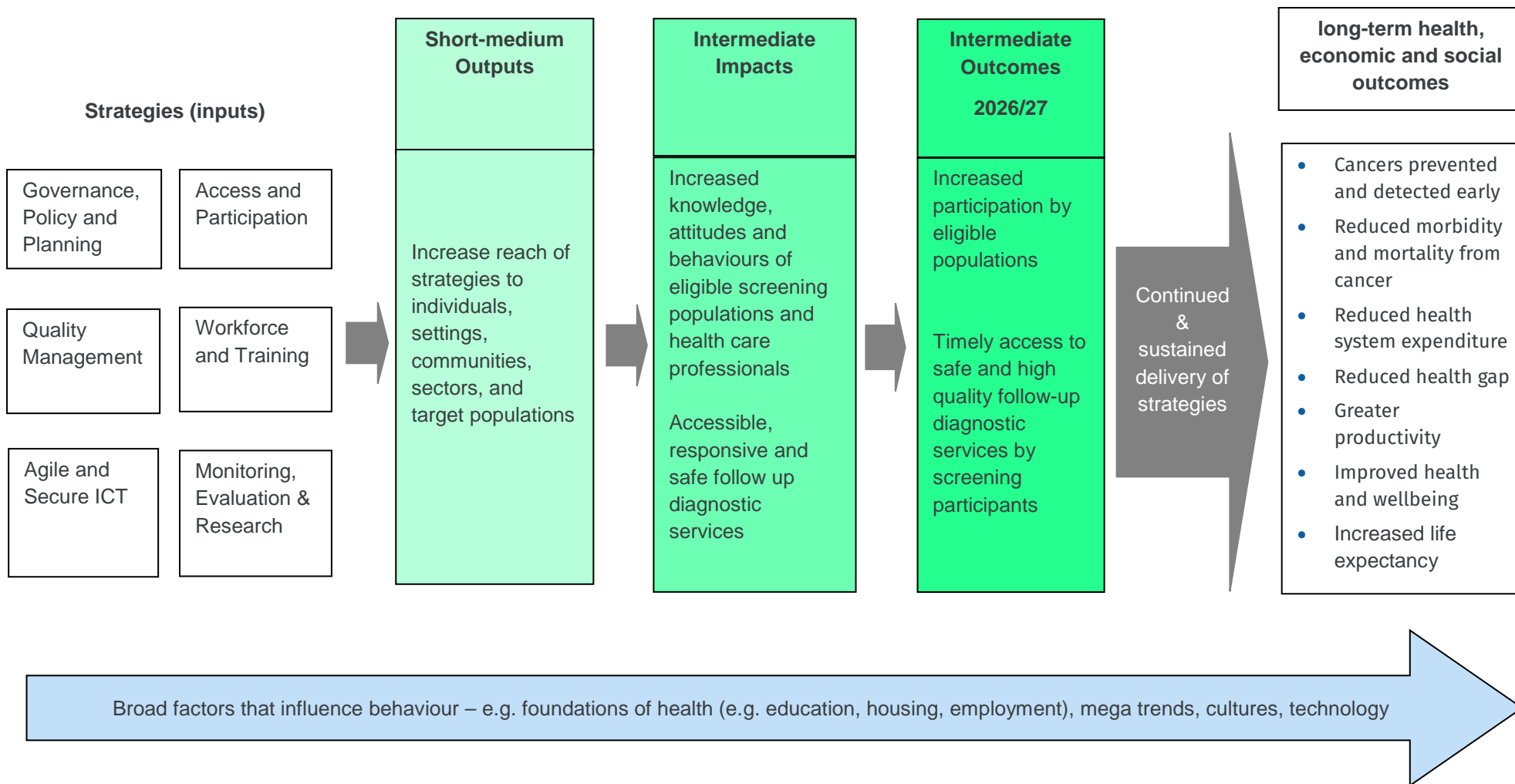
Achieving increases in screening behaviour is often difficult and complex. Tangible improvement in healthy behaviours is incremental and evidence of change and outcomes accumulates over the medium to long term. Figure 2 describes the pathway (or Theory of Change) for incremental change and improved health and social outcomes expected from cancer screening programs over the short, medium and long term.

For the period 2017/18 to 2020/21, state strategies and implementation plans for the three national cancer screening programs have been developed. These state plans include the actions to be delivered for that period.

Stronger partnerships and deeper stakeholder engagement with a range of agencies and sectors will also inform and support implementation. Key stakeholders include:

- Australian Government
- Australian States and Territories
- Queensland Hospital and Health Services
- Queensland Health clinical networks
- Queensland Government departments and agencies
- Aboriginal community-controlled health services
- Primary Health Networks
- Primary healthcare providers
- non-government organisations
- academia, research, education and training providers
- peak bodies
- Queensland Cancer Control Analysis Team
- eligible Queenslanders.

Figure 2 - Cancer screening 'Theory of Change' for keeping Queenslanders healthy – medium to long-term outcomes



Monitoring performance and reporting

Participation by eligible people and quality measures for follow-up diagnostic health services (e.g., timeliness, safety and quality) will be used to monitor performance of the Cancer Screening Strategic Framework 2019 to 2026.

Specific program participation targets have been set for 2026/27 (Figure 3). These targets are ambitious given current participation trends, but essential for reducing morbidity and mortality from breast, bowel and cervical cancer.

Annual quality measures are also set to monitor the effectiveness of the diagnostic follow up aspects of cancer screening programs.

Reporting of the Framework will occur and include updates on the Department of Health's System Performance Reporting (SPR) portal.

Figure 3 - Queensland participation and timeliness quality targets for national cancer screening programs

	Program and participants	2026/27 targets (current baseline)	Additional screening numbers required to reach 2026/27 targets
Participation (joint DoH and HHS responsibility)	Increase participation by women 50-74 years in breast screening	60% (2016-2017: 55.7%)	34,500
	Increase participation by all persons 50-74 years in bowel screening	46.2% (2016-2017: 40.8%)	189,000
	Increase participation by women 25-74 yeasts in cervical screening	Na	-
Quality (timeliness) (joint DoH, HHS and Private sector responsibility)	Bowel screening participation follow up function (PFUF): Proportion of identified participants follow up completed within 4 weeks.	100% (of 10,619 participants – 2018-19)	
	BreastScreen: ≥90% of women requiring assessment attend an assessment visit within 28 calendar days of their screening visit	100% of Services achieve target (2018: 8 of 11 services achieving target)	
	Bowel Screening: Proportion of participants with a positive screen completed diagnostic assessment within 120 days	61.9% (Qld) compared to 56.5% (Australia)	
	Cervical screening: Proportion of participants recommended for and completed colposcopy within 3 months	43.9% (Qld) compared to 44.2% (Australia)	

a) Participation rates and targets for both breast and bowel screening are calculated for two-year periods. The targets are for the 2026-2027 two-year period.

b) On 1 December 2017 the National Cervical Screening Program changed the screening interval, age eligibility and test type; as such there is insufficient information to inform 2026/27 targets.

c) Source: Internal analysis by Queensland Health. Crude participation rate for women aged 50-74 years

d) Source: AIHW, National cancer screening programs participation data, Jan 2019. Crude participation rate in the National Bowel Cancer Screening Program (NBCSP) for people aged 50–74 years.

e) The additional screening numbers are the number of screens required to meet the target in the 2026/27 financial year, above the number of screens in the 2016/17 financial year.

f) For bowel screening, the large additional screening number is partly due to the expansion of the program.

g) Source: AIHW, National Bowel Cancer Screening Program: Monitoring Report 2019.

h) Source: National Cancer Screening Register, National Cervical Screening Program Report 404: Participant Numbers Recommended for and Completed Colposcopy within Three Months, 2019.

Related strategies and plans

The Cancer Screening Strategic Framework 2019 to 2026 also works in tandem with other national and state health strategies and plans that address issues such as health and wellbeing and modifiable risk factors. Additionally, national cancer screening plans, policies and frameworks provide national direction. These include:

- **My health, Queensland's future: Advancing health 2026** gives a focus and process to promote healthy behaviours and prevent illness and provide equitable access to quality and safe healthcare.
- **Health and Wellbeing Strategic Framework 2017-2026** outlines targeted and universal actions for reducing the impact of lifestyle risk factors and behaviours.
- **Endoscopy Action Plan: Advancing health improving the patient journey** aims to improve the health of Queenslanders by delivering sustainable, equitable access to high quality gastrointestinal endoscopy services.
- **Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033; policy and accountability framework** articulates the vision for closing the health gap by 2033.
- **Making Tracks investment strategy 2015–2018** builds on the achievements of previous years and details key actions that will be undertaken by the Queensland Government.
- **BreastScreen Australia National Accreditation Standards** provides the set of nationally agreed standards for every BreastScreen Queensland service and State Coordination Units.
- **BreastScreen Australia Quality Improvement Plan** supports quality improvement within the national BreastScreen program.
- **National Bowel Cancer Screening Program: Policy Framework (Phase 4)** reflects the high-level policy parameters guiding implementation of the program rollout, along with goals, governance, roles and responsibilities.
- **National Cervical Screening Program: Quality Framework** includes the principles of providing high quality services across the screening pathway which apply to all individuals and organisations that deliver screening services.

References

BreastScreen Australia. (2017). Breastscreen Australia National Accreditation Standards. Canberr: Australian Government.

Department of Health. (2016). Population Based Screening Framework: Standing Committee on Screening. Canberra: Australian Government.

Department of Health. (2017). National Bowel Cancer Screening Program: Policy Framework Phase 4 (2015-2020). Canberra: Australian Government.

Department of Health. (2018). National Cervical Screening Program: Quality Framework. Canberra: Australian Government.

Queensland Government. (2018). My Future State: Advancing Queensland priorities. Brisbane: Queensland Government.

Queensland Health. (2016). My health, Queensland future: Advancing Health 2026. Brisbane: Queensland Government.