

# Cervical Screening

Quality Improvement Toolkit for General Practice



## Acknowledgement of Country

Eastern Melbourne PHN acknowledges the Wurundjeri people and other peoples of the Kulin Nation on whose unceded lands our work in the community takes place. We pay our respect to Aboriginal and Torres Strait Islander cultures; and to Elders past and present. EMPHN is committed to the healing of Country, working towards equity in health outcomes, and the ongoing journey of reconciliation.

### Recognition of lived experience

We recognise and value the knowledge and wisdom of people with lived experience, their supporters and the practitioners who work with them and celebrate their strength and resilience in facing the challenges associated with recovery. We acknowledge the important contribution that they make to the development and delivery of health and community services in our catchment.



### Disclaimer and Recognition

EMPHN would like to thank Dr Dan and his team from Dr Dan's Medical Clinic in Monbulk for their valuable contribution to this toolkit and sharing their Quality Improvement activities that led to achieving 90% cervical cancer screening rates at their general practice.

Resources included in this toolkit not developed by EMPHN have been referenced throughout and these organisations retain copyright over their original work.

In this toolkit, the term 'people' is defined as any person with a cervix. This may include women, transgender men, intersex people, and non-binary people.



## Where to get help?

**EMPHN general practice improvement & digital enablement:** [digitalhealth@emphn.org.au](mailto:digitalhealth@emphn.org.au)

**EMPHN practice support:** [practicesupport@emphn.org.au](mailto:practicesupport@emphn.org.au)

**HealthPathways Melbourne:** [info@healthpathwaysmelbourne.org.au](mailto:info@healthpathwaysmelbourne.org.au)

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## About Cervical Cancer Screening

The National Strategy for the Elimination of Cervical Cancer (Strategy) outlines Australia's commitment to achieving equitable elimination of cervical cancer as a public health problem by 2035, including achieving 70% screening rate of eligible people aged 25-74 years.

It is estimated that 70% of Australians who develop cervical cancer have either never screened or who have not screened for some time. Cancer screening is a valuable health intervention against cervical cancer, however, it has relatively low rates of uptake. In the Eastern Melbourne PHN (EMPHN) catchment, population health data indicates that:



**66.5%** of eligible people with a cervix had a **completed** cervical screening test. (AIHW Cancer Screening Program quarterly data)



**43.0%** of regular female clients have an **up-to-date cervical screening test record** in their GP record within the previous 5 years, 25-74 years age (AIHW PIP QI Measures data update 2021-2022)



**36.8%** general practices in EMPHN are **connected** to the National Cancer Screening Register (NCSR) to access reliable and up to date screening data (May 2024).

The introduction of cervical cancer screening self-collection for all eligible people under the National Cervical Cancer Screening Program on 1 July 2022 provides an opportunity for general practice to engage with never screened or under-screened people to work towards increasing these screening rates.

### About this toolkit

This toolkit has been developed to support general practice teams with self-guided quality improvement activities including tips, examples, and templates to increase the uptake and accurate recording of cervical cancer screening.

This quality improvement (QI) activity also provides a focus on how to engage under-screened or never-screened people and increase cervical cancer screening through self-collection.

### Outcomes of this toolkit

- Increase clinician knowledge and skills to offer HPV self-collection.
- Increase identification and accurate recording of completed cervical screening results into clinical software.
- Identify eligible people due for cervical screening as outlined by the National Cervical Screening Program and updated guidelines for self-collection.
- Increase patient awareness, education, and participation of cervical screening, with a focus on under-screened or never screened people.
- Measure sustainable improvements and tracking progress using POLAR.

### Relevance to Primary Health Care

This activity will support primary health care teams with:

- meeting **Practice Incentive Program (PIP) Quality Improvement (QI)** activity requirements for QI measure 9: Number of female patients who are aged 25-74 years who have not had a hysterectomy and who have had a cervical screening test within the previous 5 years (HPV).
- **RACGP Standards for general practices 5th edition** include a range of requirements relating to QI.
- Meeting the requirements of the **National Cervical Screening Program (NCSP)**

## Quality Improvement Activity Summary

This toolkit utilises the Model for Improvement (MFI) framework to outline the activity goal, measurement, and testing change through improvement ideas.  
For more information on MFI:



**Website:** [How to Improve: Model for Improvement | Institute for Healthcare Improvement \(ihi.org\)](https://www.ihi.org)



**Example:** Model For Improvement Cervical Screening Example – Refer to [Appendix A](#)  
**Template:** [Model For Improvement \(MFI\) template](#)

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



**Example:** PDSA Example Cervical Screening – Refer to [Appendix A](#)  
**Template:** [Plan, Do Study, Act \(PDSA\) template](#)

### Goal of Cervical Screening Quality Improvement Activity

Defining the goal of this activity provides your practice team with a statement of what you are trying to accomplish. Review the goal below and adjust the percentage and timeline (highlighted) according to your general practice requirements.



**QI Activity Goal Example:** Our team will aim to improve cervical cancer screening rates to **70%** for eligible people with a cervix aged 25-74 within the next **6 months**.

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

Regular review of improvement activity measurement enables your practice 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.



**QI Activity Measure:** Use the following measurement to track your completed cervical screening rates at your general practice:

QI Measure	Measure Description	Detail
Outcome measure: Patients screened	% patients screened for cervical cancer in past 5 years	<p><u>Numerator:</u> # patients who:</p> <ul style="list-style-type: none"> <li>• RACGP Active</li> <li>• Females or person with a cervix aged 25 to under 75</li> <li>• Have not had a hysterectomy</li> <li>• have had a HPV screening test within the past 5 years</li> </ul> <p><u>Denominator:</u> Total # patients who:</p> <ul style="list-style-type: none"> <li>• RACGP Active</li> <li>• Females or person with a cervix aged 25 to under 75</li> <li>• Have not had a hysterectomy</li> </ul>

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

<b>Identify your change team</b>	<ul style="list-style-type: none"> <li>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.</li> <li>Allocate protected time for the QI team to perform required tasks e.g. 1hr per week in calendar.</li> <li>Ensure that you have identified the “why” as some team members may not see QI as important or necessary.</li> <li>Plan frequency of meetings for QI team.</li> <li>Provide access to project files and related policy and procedures</li> </ul>
<b>Consider the roles of the team members</b>	<ul style="list-style-type: none"> <li>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.</li> <li>Assign roles and responsibilities according to staff skill, interest and position.</li> </ul>
<b>Communication with the practice team</b>	<ul style="list-style-type: none"> <li>Identify who will need to be kept informed.</li> <li>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.</li> <li>Ensure all staff are advised of the chosen communication(s) method.</li> <li>Provide monthly updates to all staff of ongoing changes e.g. add QI to staff/Clinical/Admin/Nurse meetings.</li> <li>Allow staff to contribute ideas and provide opportunities for staff feedback.</li> <li>Distribute minutes/action points following any meetings held and ensure staff are aware of any follow-up needed.</li> </ul>

## Step 2: Establish your cervical screening participation 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 practice team (team newsletters, lunchroom display, team meetings).

### What data report to use?

The **POLAR PIP QI Report** will provide your practice data for PIP QI QIM 9 - Proportion of regular female clients with an up-to-date cervical screening record in their GP record in the previous 5 years.

### Steps to collect baseline data in POLAR



**Video:** Introduction to [POLAR PIP QI report](#) - POLAR PIP QI report – Length 5.55minutes



**Guide:** [PIP QI Clinic report – QIM-9 Quick Reference Guide](#) - Use this guide to interpret the PIP QI report



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

Baseline measurement:	Monthly measurement	End of activity measurement:
Baseline percentage:	Month 1:	End of activity percentage:
	Month 2:	
Baseline date:	Month 3:	End of activity date:

### Tip: Get ready to use your data



- Identify data source.
- Include a mix of process and outcome measure, qualitative and quantitative data.
- Consider small-scale testing.
- Establish baseline data, set practice targets.
- Record data regularly (monthly) and analyse patterns linked to improvement activities.
- Ensure you are on the latest version of clinical software.
- Ensure data extraction tool (POLAR) is functioning correctly.
- Check that team members can log in and are familiar with using POLAR.

Need POLAR training? - Contact EMPHN quality improvement and digital enablement team: [digitalhealth@emphn.org.au](mailto:digitalhealth@emphn.org.au)

## Improvement Idea 1: Identify areas for improvement

### 1.1 Mapping the patient journey

Get together with your practice team and map your general practice workflows and/or patient journey for cervical cancer screening to identify practice processes and opportunities for cervical cancer screening. This allows everyone to contribute to defining their role in the practice and pinpointing any obstacles or issues that the team can then address as areas for improvement.

#### Activity:

- Organise a session with your practice team to map out the practice workflows for cervical cancer screening.
- Illustrate each team members roles and responsibilities by creating a map using rows that represents each team member (e.g. Admin, PN, PM, GP). Allocate each step into the relevant team member row to demonstrate the process workflow between team members.
- Start mapping the process by considering who, when and how you identify people eligible for screening. Identify your practice processes and systems to support screening e.g. recall and reminders, bookings, rooms used.
- Highlight barriers to screening and what steps are needed to address these barriers.



## Example

The team at Dr Dan's Medical Clinic mapped their practice workflows for identifying eligible people for cervical cancer screening over a week, leaving the map on the staff tearoom wall to allow team members to make updates and changes as needed. This activity provided the team with an opportunity to together brainstorm ways to solve issues and identify new areas for improvement.

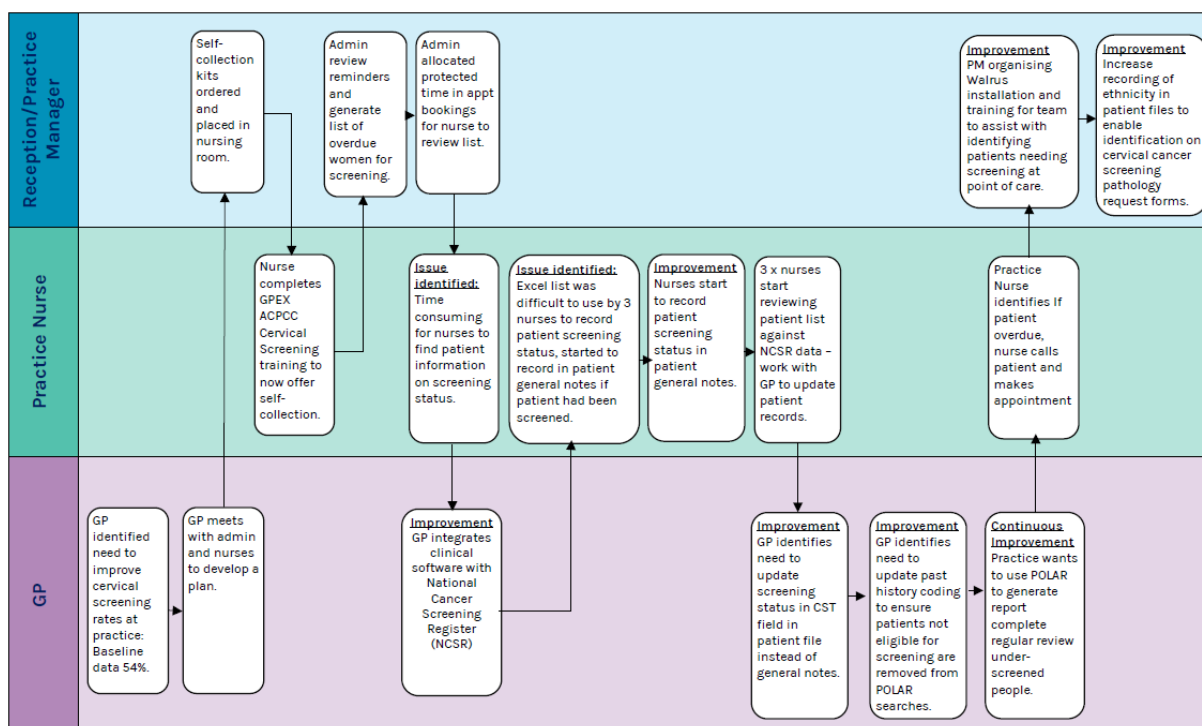


Diagram: Dr Dan's Medical Clinic Cervical Screening Improvement activities (June 2024)

## 1.2 Review cervical screening roles and responsibilities of the general practice team

Now that you have mapped with your team to identify workflows, reflect on the roles and responsibilities of the general practice team for effective management of cervical cancer screening.



**Resource:** - Examples of role-based activities related to cancer screening (Gold Coast PHN) - refer to Appendix B

## Improvement Idea 2: Getting your data ready

### Develop accurate cervical screening registers

Before you start printing off patient lists from your clinical software or using POLAR to identify people who have never screened or are under-screened, it is important to review and perform data quality activities. This will ensure that people who no longer attend the service, have screened elsewhere, have opted out of screening or who are not eligible are recorded accurately.

### 2.1 Data Cleansing

Review your policy and procedure for deactivating past patients (non-attending and deceased) to ensure it is appropriate and being used routinely.

It is good practice to inactivate patients regularly (the inactivation timeframe they haven't been seen for is a clinical decision, but commonly it can be 2 or 3 years). Commonly this task is done 3-6



monthly by the Practice Manager or Practice Nurse. It should go into their calendar and their job description, so if there is staff turnover, it gets handed on to the new staff member and it is not forgotten. Remind reception staff to always check “all patients” when they are looking for patients.

You may consider archiving or inactivating patients one-by-one who do not fit within the practice’s active patient definition. This may include:

- Archiving deceased patients.
- Merging duplicate patients.
- Archiving patients with a postcode not relevant to your areas/state.
- Archiving patients that have moved away or no longer attend the clinic.
- Archiving patients that have never attended the clinic e.g. those patients that have registered for an appointment but have never turned up (online bookings).



**Resource:** [Bulk inactivating patients in Best Practice](#)

**Resource:** [Bulk inactivating patients in Medical Director](#)

To support identification of priority populations for screening, also consider data quality activities that support processes to increase accurate recording of ethnicity.

### Tip



Increasing accurate recording of ethnicity will assist in identification of never screened or under-screened people from priority populations. There is evidence that Aboriginal and Torres Strait Islander people are under-screened. However, it has not been possible to report Indigenous participation in cervical screening at a national level using the National Cancer Screening Register due to indigenous status not always being included on pathology request forms. Improved Indigenous identification on pathology request forms will enable accurate reporting of outcomes for Aboriginal and Torres Strait Islander people. Participation rates by Culturally and Linguistically Diverse populations also relies on identification through recording of ‘Main language other than English spoken at home’ and ‘Country of birth’ on pathology request forms.

## 2.2 Accurate recording of diagnosis

Improve the coding of diagnoses (reduce/eliminate free text diagnoses) in your clinical software (as per ePIP requirement 3 – [Data records and clinical coding](#)). Encourage your clinicians to use the coded lists via the drop-down box whenever possible (not free text) and to use the notes feature to add additional notes as needed. This will ensure that patients with a diagnosis that will exclude them from cervical screening do not appear on your eligibility list and limit the possibility of sending reminders to patients inappropriately or unnecessarily.



POLAR data tool will generate patient lists of people eligible for cervical cancer screening from your software by excluding:

- patients who have opted out of screening for personal or clinical reasons
- patients with a particular diagnosis in their record as outlined below:

116140006 - Total hysterectomy - [link to SNOMED](#)  
 116141005 - Abdominal hysterectomy - [link to SNOMED](#)  
 116142003 - Radical hysterectomy - [link to SNOMED](#)  
 116143008 - Total abdominal hysterectomy - [link to SNOMED](#)  
 116144002 - Total abdominal hysterectomy with bilateral salpingo-oophorectomy - [link to SNOMED](#)  
 236886002 - Hysterectomy - [link to SNOMED](#)  
 236887006 - Laparoscopic hysterectomy - [link to SNOMED](#)  
 265056007 - Vaginal hysterectomy - [link to SNOMED](#)

## 2.3 Flag in clinical software patients to be excluded from cervical screening who choose to opt out of screening

For patients who have opted out of screening, undertake steps to flag patients to be excluded from cervical screening in your clinical software.



**Resource:** Medical Director: [MD Help \(medicaldirector.com\)](https://medicaldirector.com)

**Resource:** Best Practice: [Cervical Screening \(bpsoftware.net\)](https://bpsoftware.net)

## 2.4 Integrate National Cancer Screening Register (NCSR) within your clinical software.

To assist you with updating patient records with accurate cervical cancer screening data, integrating your clinical software with the NCSR will streamline daily processes to capture screening details of those patients that may have been screened elsewhere.

Before contacting patients, who are identified as never screened or under-screened, connect to the NCSR and compare NCSR data with lists of eligible people generated by your clinical software and/or POLAR and work with your GPs to update patient files as needed.

### Access the NCSR via Clinical Software Integration



**Website:** [Clinical software integration | National Cancer Screening Register \(ncsr.gov.au\)](https://clinicalsoftwareintegration.ncsr.gov.au)



**Resource:** [Clinical Information System Registration Guide | National Cancer Screening Register \(ncsr.gov.au\)](https://clinicalinformation.ncsr.gov.au)



**Video:** [About the National Cancer Screening Register - YouTube](https://www.youtube.com/watch?v=...)

### 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.**

## 2.5 Improve recording of completed cervical screening by entering results into the Cervical Screening Test (CST) field in your clinical software

It is important to note that to accurately identify people eligible for screening and show your general practice cervical screening completion rates, you will need to enter their cervical screening results into Cervical Screening Test (CST) field in your clinical software. Just actioning a result is not recording a cervical screening result. If the screening has been completed elsewhere, it is important that scanned documents/reports are also recorded in the CST field.

Use the following guides to accurately record CST in Best Practice or Medical Director.



**Resource:** [BP Premier Clinical Entering a Cervical Screening Test \(CST\) result](#)  
Train IT Medical data quality walkthrough



**Resource:** [Medical Director Clinical Entering a Cervical Screening Test \(CST\) result](#)  
Train IT Medical data quality walkthrough



### QI sustainability action

Dr Dan's Medical Clinic improved their cervical screening rates from 54% to 90%, however, this was not reflected in their POLAR practice data (PIP QIM 9). They identified that to extract reliable screening lists using POLAR, they needed to update completed screening results in the CST field in patient files. Although they identified this task may take some time to complete, it will contribute to the sustainability of their QI work as when completing an annual review of their screening status, they can be confident their lists are accurate. By having your GPs add cervical screening results to the CST field for each patient file as results are received, this will support ongoing data quality improvement and enable your team to run accurate yearly reports using POLAR to identify eligible people for screening.

## Improvement Idea 3: Get your team ready

### 3.1 Cervical Cancer Screening Education and Information

The Australian Centre for the Prevention of Cervical Cancer (ACPCC) provide free online CPD accredited training for your GPs and Practice Nurses to develop the knowledge and skills to offer HPV self-collection.

**Access free online Cervical Screening, HPV and Self-Collection online CPD training here:**



**Weblink:** [Cervical Screening, HPV and Self-Collection - GPEx](#)  
**Duration:** 6hrs



#### Help

ACPCC offers a free clinical advisory service and education on cervical screening for healthcare practitioners. **Phone:** (03) 9250 0309 **Email:** [LiaisonTeam@vcs.org.au](mailto:LiaisonTeam@vcs.org.au)

### Cervical Cancer Screening Program and Guidelines:



**Weblink:** [National Cervical Cancer Screening Program](#)  
Access to Australian Department of Health and Aged Care Initiatives and Program  
**Weblink:** [National Cervical Screening Program Guidelines](#)  
Access to Cancer Council National Cervical Screening Program Guidelines

### 3.2 HealthPathways Melbourne – Localised Cervical Cancer Pathways

**HealthPathways Melbourne** provides clinicians with a single website to access a comprehensive collection of locally relevant clinical information and guidelines designed to clinicians in delivering consistent and evidence-based care to their patients.

Each pathway is written for use during a consultation, providing clear and concise guidance for assessing and managing a patient with a particular symptom or condition. Pathways also include information about making referrals to locally relevant services within the general practice.



**Video:** [How can HealthPathways help GPs?](#)

Access to introductory video on HealthPathways Melbourne – Length 1.14minutes

**Access** HealthPathways Melbourne is available to general practice teams and other clinicians in the Eastern Melbourne PHN and North Western Melbourne PHN catchments.



Register or email the team at [info@healthpathwaysmelbourne.org.au](mailto:info@healthpathwaysmelbourne.org.au).

The **Cervical Screening** Pathway provides up to date and evidence-based information incorporating current guidelines and processes and local health service details for general practice teams.

**Resource:** [Cervical Screening Page](#)



### Help

For more information about HealthPathways, contact [info@healthpathwaysmelbourne.org.au](mailto:info@healthpathwaysmelbourne.org.au)

## Improvement Idea 4: Get your practice ready

### 4.1 Review processes to support screening

**Review current recall and reminder system to ensure a well-defined and effective system is implemented to support cervical screening.**

**A recall** occurs when a GP decides that the patient needs to be reviewed within a specified time frame in **response to a clinically significant event such as a positive CST.**

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



**Resource:** [EMPHN recall and reminder Audit](#)

- Appoint staff member who is responsible for creating and maintaining a database – add to job description.
- Develop a written procedure for your recall and reminder system.
- Consider how to add people who become eligible for screening to the reminder system e.g. female or person with a cervix turning 25.
- Inform all staff about the recall/reminder – Do clinicians know how to initiate a patient reminder within the clinical software?
- Draft patient letter – The practice sends targeted reminders to patients e.g. letters, SMS, email or phone calls) for routine cervical cancer screening activities.
- Send reminders to patients overdue for screening.



**Resource:** A downloadable [patient letter template](#) to invite under-screened or never-screened patients to be screened at your practice.

### Patient bookings

- Consider how patient bookings will be made. How long to allocate for each appointment? (for GP and nurse time).
- How is the booking recorded in the appointment book to notify practice team the nature of the appointment?
- Create opportunities for eligible people to be seen for a CST/ self-collect immediately or by appointment with a Cervical Screening Provider.

### 4.2 General practice set up

#### Pathology provider registration for self-collection



**Weblink:** [Services offered by VCS Pathology \(acpcc.org.au\)](http://acpcc.org.au)

### Clinical room set up:

Order self-collection kits and how to guide with accredited pathology provider and understand process.



**Resource:** [Self-Collection at VCS pathology – how to refer samples](#)

**Resource:** VCF Pathology order form: [Order Tests & Consumables - ACPCC](#)



**Weblink:** Online shop: [Shop - ACPCC](#)

### Place how-to-collect instructions in patient toilets:



**Resource:** [How to take your own HPV test – English](#)

**Resource:** [How to take your own HPV test – in other languages](#)

## Improvement Idea 5: Strategies for increasing participation in Cervical Cancer Screening

### 5.1 Patient awareness and education

Identify health promotion and preventative opportunities to embed in your general practice to increase cervical screening awareness.

Place posters and brochures in the practice to advertise cervical screening and self-collection as an option.	<b>Resources for patients – <a href="#">National Cervical Screening Program   Australian Government Department of Health and Aged Care</a></b>  <b>Resource:</b> <a href="#">A6 postcard Generic_RGB (d1wn6bc0rfm7u5.cloudfront.net)</a>
Raise awareness of self-collection cervical screening and your quality improvement activity using promotional updates on social media and/or website, waiting room tv, poster or patient newsletters.	<b>Newsletter content – <a href="#">sample</a></b> <b>Social media posts – <a href="#">sample</a></b>

### 5.2 Identify opportunistic screening

Review patients coming into the clinic on the day or the coming week and identify those overdue for cervical screening.

- Ensure a practice nurse is available to supervise/answer questions on cervical screening self-collection.
- At time of consultation, if patient is due for screening, clinical team offer patient to complete self-collection test if eligible.
- Provide support to help patients overcome barriers and prepare for test – Refer to general tip resources below for conversation starters to encourage self-collection cervical screening with patients.



**Resource:** [Discussing cervical screening with women who have never been screened](#)

**Resource:** [Demonstrating respect and building trust](#)



#### Tip

Utilise Walrus, a point of care tool for GPs and practice nurses, to identify eligible patients for screening during a consultation. For installation and training support, send your support request to: [digitalhealth@emphn.org.au](mailto:digitalhealth@emphn.org.au)

### 5.3 Identify patients who are overdue for screening

Steps to identify patients who are eligible for screening and flag them to receive an offer for screening:

1. Identify active patients aged 25 – 74 years who are overdue and or do not have cervical screening result recorded in the clinical information system using POLAR PIP QI report:



**Guide:** PIP QI Clinic report – QIM-9 Quick Reference Guide - Use this guide to interpret the PIP QI report

2. Utilise the National Cancer Screening Register to review and update patient cervical screening status in the CST field in the patient medical record in the clinical information system.
3. Select a sample (or group) of patients to break down the improvement activity into smaller actions and target specific cohorts. Consider:
  - Patients aged 25-26 years who have recently entered the National Cancer Screening Program.
  - Patients aged 45-49 age group, to be included with the 45-49 Health Assessment.
  - Patients aged 70-74 years who are exiting the National Cervical Screening Program.
  - Routine antenatal and postnatal care
4. Create a template in clinical software or use POLAR flagging to keep track of the number of times cervical screening was offered to patients.



#### QI sustainability action

Generate regular POLAR reports on patients overdue for screening (By time frames e.g. 6 month, 1 year etc)

### 5.4 Identify approaches to assist with populations that are more vulnerable to missing out on their preventative health screening:

In Australia, cervical cancer inequities exist depending on:



- Who you are
- Where you live
- Socio-economic status

**Source:** Australian Institute of Health and Welfare 2020. National Cervical Screening Program monitoring report 2020. Cancer series 130. Cat. no. CAN 138. Canberra: AIHW.

Consider priority populations to ensure equitable access to information and culturally safe and inclusive cervical cancer screening services.

Aboriginal and Torres Strait Islander people	 <b>Resource:</b> I work with Aboriginal and Torres Strait Islander communities: <u>Aboriginal or Torres Strait Islander... - Cancer Screening Hub (cancervic.org.au)</u> <b>Resource:</b> <u>Victorian Aboriginal Clinical Cervical Screening Resources - ACPCC</u> <b>Resource:</b> <u>Resources for Aboriginal and Torres Strait Islander women - National Cervical Screening Program   Australian Government Department of Health and Aged Care</u>
Culturally and linguistically diverse communities (CALD)	 <b>Resource:</b> I work with culturally and linguistically diverse communities (CALD) <u>Culturally and linguistically diverse... - Cancer Screening Hub (cancervic.org.au)</u> <b>Resource:</b> <u>National Cancer Screening Program - Translated resources: Translations   Australian Government Department of Health and Aged Care</u>



People with disability	 <b>Resource:</b> I work with people with a disability <a href="#">People With Disabilities - Cancer Screening Hub (cancervic.org.au)</a> <b>Resource:</b> Information and resources to encourage participation of people with intellectual disability in cervical screening: <a href="#">Just Checking   Family Planning NSW (fpnsw.org.au)</a>
Sexuality and gender diverse people	 <b>Resource:</b> I work with LGBTIQ+ communities <a href="#">LGBTIQ+ communities - Cancer Screening Hub (cancervic.org.au)</a>

Based on your priority populations at your practice, as a team consider strategies to address inequity to improve screening rates for under-screened people from priority populations. Identify enablers for under-screened groups such as:

- Offer self-collection method to relevant eligible people.
- Access to a female GP and/or Practice Nurse.
- National interpreter services.
- Local transport options.
- Accessible, appropriate information and resources for priority groups.
- Deliver education sessions in languages to women from refugee and/or non-English speaking backgrounds on HPV self-collection.
- Provide culturally safe opportunities for women from refugee and/or non-English speaking backgrounds to book and attend appointments.

Consider seeking patient input into barriers and opportunities for improving participation in cancer screening and prevention to understand what prevents them from participating in cervical screening and the actions your service can take to promote cervical screening as being safe, as comfortable as possible and accessible for patients.



**Resource:** [RACGP - Patient feedback guide](#)

The RACGP Patient feedback guide provides a comprehensive guide on methods for collecting and acting on patient feedback.



### Tip

Refer to HealthPathways Melbourne for localised cervical screening pathways for further information on additional support for patients who are under-screened or never screened:  
[Cervical Screening Page](#)

## 5.5 Include cervical screening to health assessment and GP management plan templates

Incorporate conversations about cervical screening as part of Medicare Benefit Schedule (MBS) health assessments:

Activity	MBS Item
Time-based MBS health assessment items available for people between the age of 45 and 49 (inclusive) who are at risk of developing a chronic disease:	701 (brief), 703 (standard), 705 (long) and 707 (prolonged).
Aboriginal and Torres Strait Islander health assessment	MBS Item number 715
Chronic Disease Management / Team Care Arrangement or contributions to plans	Items 721 to 723
Service provided to a person with a chronic disease by a practice nurse	Item 10997

## Finishing point

### Sustainability check list – maintaining the change

Cyclical nature of PDSAs- Adopt, adapt, abandon	<ul style="list-style-type: none"> <li>• Adopt: excellent work, embed that change.</li> <li>• Adapt: determine if a change is needed to the plan and start a new PDSA.</li> <li>• Abandon: Rethink the next PDSA</li> <li>• Lessons can be learned from PDSAs that are abandoned. Keep a record of learnings.</li> </ul>
Document your improvement activity: Record your completed QI activities to meet PIP QI guidelines	<ul style="list-style-type: none"> <li>• Record your completion.</li> <li>• Documentation must be kept for 6 years for evidence of PIP QI if your practice is audited by the Department of Health and Aged Care.</li> </ul>
Sustaining project outcomes. Consider which practice documentation may need to be updated to include the change:	<ul style="list-style-type: none"> <li>• Updates to Policy and Procedure manual.</li> <li>• Specific task procedures.</li> <li>• Local signs or instructions.</li> <li>• Staff work practices.</li> <li>• Position descriptions.</li> <li>• Staff induction.</li> <li>• Staff skills development or education.</li> </ul>
Communication is key to finishing a successful project. Consider:	<ul style="list-style-type: none"> <li>• QI project outcome feedback to staff.</li> <li>• Discuss project strengths and challenges.</li> <li>• Feedback to patients, where appropriate.</li> <li>• Consider Incorporating this as part of your practice preventative health care promotion activities.</li> </ul>
Celebrate success	<ul style="list-style-type: none"> <li>• Celebrate your outcomes and achievements by sharing a with a morning tea with your team.</li> <li>• 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.</li> </ul>
Review and reflect	<ul style="list-style-type: none"> <li>• Discuss project strengths and challenges.</li> <li>• Annually review the PDSA outcomes to ensure activities are still being adhered to and completed</li> <li>• Annually review and audit your cervical screening participation results. Identify gaps, areas for improvement and set new participation targets.</li> <li>• Where to next on your continuous QI journey?</li> <li>• Consider potential topics for a new CQI activity, and how your experience with this activity can help you to be more efficient and effective</li> </ul>

## Case Study: Encouraging patients to complete cervical cancer screening at Dr Dan's Medical Clinic



With the introduction of cervical screening self-collection as an option for eligible people in 2022, the team at Dr Dan's Medical Clinic in Monbulk saw an opportunity to review and improve their practice processes to increase cervical cancer screening rates.

Until recently, Dr Dan's Medical Clinic was a solo GP clinic run by a male GP, which in itself can be a barrier to cervical screening. The clinic also had an inefficient reminder system that resulted in many patients missing or delaying their cervical screening due to merging of patient data and the pandemic. To address this issue, Dr Dan with his lead nurse Deb and the practice team, decided to make some changes to their system and processes.

“Our goal was to reduce the amount of time taken for the team to accurately identify under-screened patients including what type of cervical screening test (CST) they require and, where, possible, promote self-collection as an empowering, easy and less invasive option” said Deb, the clinics’ lead nurse.

Their first step was to encourage the nursing team to complete Cervical Screening, HPV and Self-Collection online CPD training. This training equipped the nursing team with skills to accurately and confidently answer any concerns, questions and reluctances their patients may have, helping to optimise the uptake of self-collection and enabling patients to feel confident and considered during the consultation. The nursing team also developed a dialogue to educate patients that may be reluctant or unaware that self-collection is an option for them.

Integration of the National Cancer Screening Register (NCSR) into the clinical information system provided nursing staff greater access and was key in the implementation of a simplified, time efficient and accurate system to identify and contact patients eligible for CST. This, in conjunction with increased staff knowledge of cervical cancer screening processes, has enabled the clinic to achieve a greater uptake of CST, and in particular, self-collect cervical screening.

“Our cervical screening rates in June 2023 were at 54% and we have now reached 90% screening rates for our patients and our reminder list is not only up to date, but we are now contacting our patients several weeks in advance,” said Deb.

Dr Dan and his team are now implementing the lessons learnt from this improvement activity to focus on uplifting bowel cancer screening rates for their patient population. Their goal as a practice is to achieve the best possible health outcomes for all their patients.

## Appendix A: Cervical Screening QI Activity Example

### Part 1 - The thinking part – The three fundamental questions

Practice Name:	PIP QI Quarter/s:	Date:
Team Members/lead:		
<b>GOAL</b>		
<b>Q1: What is the overall goal you wish to achieve?</b>		
By answering this question, you will develop your GOAL for improvement. It important to use a S.M.A.R.T (Specific, Measurable, Achievable, Relevant, Time bound) goal that clearly states what you are trying to achieve.		
Our team will aim to improve cervical cancer screening rates from 55% to 70% for eligible women or people with a cervix aged 25-74 by September 2024.		
<b>MEASURE</b>		
<b>Q2: How will you measure the change for this activity?</b>		
By answering this question, you will determine what you need to measure in order to monitor the achievement of your goal. Include how you will collect your data (e.g. clinical software, data extraction tool, patient surveys etc). Record and track your baseline measurement to allow for later comparison.		
<b>Outcome Measure:</b> % eligible patients screened for cervical cancer <b>Tool:</b> POLAR PIP QI Resort – Quality Improvement Measure 9 <b>Frequency:</b> Monthly <b>Numerator:</b> # patients who: <ul style="list-style-type: none"> <li>• RACGP Active</li> <li>• Females or person with a cervix aged 25 to under 75</li> <li>• Have not had a hysterectomy</li> <li>• have had a HPV screening test within the past 5 years</li> </ul> <b>Denominator:</b> Total # patients who: <ul style="list-style-type: none"> <li>• RACGP Active</li> <li>• Females or person with a cervix aged 25 to under 75</li> <li>• Have not had a hysterectomy</li> </ul>		
<b>Baseline Measurement:</b>	55%	<b>Date:</b> March 2024
<b>Ideas</b>		
<b>Q3: What changes can we make that will result in improvement?</b>		
List activities separately below that lead to achieving the stated GOAL above by testing using a PDSA cycle. There can be as few or as many as the practice decides and can be as big or small as your practice can manage.		
IDEA 1:	Develop an accurate list identifying people who are overdue for screening	
IDEA 2:	Use marketing to promote Cervical Screening Test with focus on self-collection	
IDEA 3:	Implement processes to support opportunistic CST if overdue person is in for another reason	
IDEA 4:	Address barriers for screening for vulnerable (priority) populations	

## Example: Part 2 - The doing part – Plan Do Study Act (PDSA) Cycle

<b>IDEA</b>			
Record the change idea you are testing			
From your ideas (activities) your team has listed (in MFI thinking part Q3) which idea are you going to test using a PDSA?			
Idea 1: Develop an accurate list identifying people who are overdue for screening			
<b>PLAN</b>			
Briefly describe what exactly you will do to test your idea			
Record <b>who</b> will do what; <b>when</b> they will do it (day, time etc) and for <b>how</b> long (1 week, 2 weeks etc); and where (if applicable); the data to be collected; and <b>predictions</b> about the outcome.			
Practice team to action steps below across a 2-week period. If overdue list is too long, start with patients of 1 or 2 GPs on list and repeat steps 1-3 below until up to date			
<b>Prediction:</b> Expect to find many patients on National Cancer Screening Register (NCSR) that have had a completed Cervical Screening Test (CST) that is not recorded in their clinical record. This will require the clinical team time to update patient records			
List the steps necessary to complete this activity	Person responsible	When (due date)	Was this step completed?
1. Complete steps to integrate clinical software with NCSR and update staff on how to find information in patient record	Practice owner/clinical lead	20/05/24	Yes
2. Obtain list from data extraction tool of patients due for CST.	Practice Manager	20/05/24	Yes
3. Cross check eligibility list with NCSR. Update screening status if completed in patient file in CST field	Practice Nurse with GP	20/05/24 – 27/05/24	Yes
4. Communicate to whole team that data in clinical software has been updated	Practice Manager	30/05/24	Yes
5. Once data updated, obtain a new list from data extraction tool to confirm new measurement from completed activity	Practice Manager	30/05/24	Yes
6. Educate clinical team on how to accurately update CST field in clinical software	Practice Manager	02/06/24	Yes
<b>DO</b>			
Was the activity carried out as planned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, if not why? Document observations.			
The activity took 4 weeks, longer than expected as the list of eligible patients due for CST was large. This required more protected time of the practice nurse to cross check against the NCSR and consult with the GP on updating patient files			
<b>STUDY</b>			
Record, analyse and reflect on results. Did the results match your predictions?			
Detail any <b>barriers</b> that your clinic encountered and list your key findings			
This was a worthwhile activity to update existing patient records to develop an accurate register of patients as our cervical screening rate data rose from 55% to 67%. We can easily identify now which patients are overdue or never screened and we can target our approach based on patient needs/barriers to screening. Demonstrates the value of using the NCSR for clinical team to locate accurate screening information and update patient records using the CST field as an ongoing activity.			
<b>Reflect on the Activity:</b> detail the differences between your baseline data and this activity's results:	Baseline measurement:	What was the end of activity measurement?	
	55% cervical screening rate	67% cervical screening rate	

Communicate the results of your activity with your whole team. Celebrate any achievements, big or small		
<b>ACT</b>		
Did this activity meet your stated goal? In the table below, select either Adopt, Adapt or Abandon		
Tick one	Description	Details
<input checked="" type="checkbox"/> Adopt	Select changes to implement on a larger scale and develop an implementation plan and plan for sustainability.	Sustainability action: Important that all clinical staff aware of updating cervical screening data in CST field in clinical software and use the NCSR information in patient record as ongoing activity to keep records up to date.
<input type="checkbox"/> Adapt	Improve the change and continue testing plan. What will be next PDSA cycle?	
<input type="checkbox"/> Abandon	Discard this change idea and try a different one.	

Note: Once PDSA cycle completed for idea 1, move onto your next idea to test



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## Appendix B: Potential Cancer screening roles and responsibilities of practice team members

### General Practitioners

- Facilitate the Cervical Screening Test.
- Patient education on National Cancer Screening Program
- Offer the two options for cervical screening.
- Answer any patient questions that might arise as part of taking the test and offer any extra support or assistance if needed.
- Complete the pathology request form for tests, include patient ethnicity information.
- Support your clinical team to provide clinical oversight and governance of the activity.

### Practice Nurses

- Practice nurses trained to perform cervical screening (nurse cervical screeners).
- Practice nurses can be instrumental in supporting patients to engage in cancer screening, such as, education around the NCSP and options for screening. This may occur during health assessments, CDM plans, or opportunistically.
- Nurse Cervical Screening providers can facilitate self-collection CST if it is not culturally acceptable for male GP to do so.
- Support the implementation of the activity.
- Provide support to generate data reports from clinical information system or POLAR.
- Identify patients to provide opportunistic interventions e.g. using Walrus
- Access the National Cancer Screening Register to search for patient information on behalf of the GP.
- Nurse practitioners can sign the pathology request for tests under current MBS rules.

### Practice Manager

- Coordinate access to the National Cancer Screening Register through PRODA
- Maintain up to date patient registers.
- Analyse practice data.
- Provide protected time for nursing staff to complete free online CPD accredited training.
- Provide protected time for the quality improvement lead team to completed activities.

### Reception Staff

- Order and maintain supplies of resources (e.g. patient information).
- Display brochures and posters in high visibility areas within the practice that target a range of different under screened communities.
- Add flags or clinician reminders for due or overdue patients.
- 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 either via letter, text message, phone call, etc.
- Review process with clinical team if a patient cancels a screening appointment and does not reschedule (who to inform etc.)

### Medical and Nursing Students (if relevant)

- Consider tasks that medical or nursing students could implement during clinical placements to support your Continuous Quality Improvement activities e.g. research projects