

# Women's Cancer Screening Collaborative



## December News

We farewell Sara in December as she takes on her journey into motherhood, the NCPHN Team and the WCSC practices send all our best wishes.

The System, Service and Integration Team will be managing the WCSC in 2018, this team consists of Eliza Wall (Mid North Coast), Meg Baker and Elaine Crawl (North Coast).

The Team take this opportunity to wish all practice staff and their families a safe and happy festive season.

## What a Morning Tea!

Congratulations to Grant Street Medical Centre for celebrating Breast Cancer Awareness month in style.



## Cervical PIP

Cervical PIP is continuing until the launch of PIP QI on May 1st. This means it is still a great opportunity to make use of the \$35 service incentive payment for under-screened women, and the Practice Incentive Payment for those of you close to or exceeding 70% women screened. For more information click [here](#).

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## Women's Health Conference

The Women's Health Conference: Improving How We Detect and Manage Cancer held in November was a great success. One hundred and seventy eight GP's, Practice Nurses and Practice Administrators attended the 2 conferences held in Kingscliff and Port Macquarie. Ninety five percent of conference attendees said that they will take action as a result of the information provided.

Attendees shared with us, which areas they planned to make changes to in their practice. The following information and resources can be found on the website, <http://ncphn.org.au/wcsc/taking-action/>

- The basics: improving screening rates in your practice
- Breast and Gynaecological Cancer HealthPathways
- Engaging with Breast and Gynaecological Nurse Specialists
- Health Literacy: drop the jargon and improve teach back skills
- Using CAT4 to help identify revenue opportunities

## Your Feedback in the Mid Term Survey

The survey aims were to:

- understand the amount of time cancer screening data clean-up had taken practices to then inform future planning and support and
- gather insights into the great work practices have been doing so that lessons could be shared

68% of Collaborative practices responded to the feedback and monitoring survey with some very pragmatic and serviceable comments.

The successes highlighted that:

- 90% of practices have made or are making changes to how they manage cervical and breast cancer screening results and reminders
- 94% of practices now have a breast cancer screening recall and reminder system, compared to 72% prior to the collaborative
- 58% of practices have changed the way they offer women's health services and 72% of practices have changed the way they educate and raise awareness about breast cancer screening.

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- 100% of practice reported having some level of cervical cancer screening reminder system before the collaborative, but 58% of practice reported making changes to improve their system as a result of the collaborative.
- Over half of the practices have now assessed their reminder methods from a health literacy perspective with a further 5 practices requesting support in this area.
- 53% of practices now routinely identify and remind women who have never attended breast screening.

Practices felt that the biggest and highest priority challenge during the activity was the amount of time required to improve recall and reminder systems in an environment where staff are time poor.

## Data Submission and Measurements

Thank you to those of you who have submitted your November/December measures. If you have not yet submitted, or want help submitting, please contact [mbaker@ncphn.org.au](mailto:mbaker@ncphn.org.au)

We have good news! From early next year, we will be able to use PEN's PATCat to extract cervical measures automatically and provide you with a dashboard of monthly updates on how your practice is performing over time and against other practices.

It's likely that some manual extraction of breast measure data will continue to be needed as practices keep tidying up how they manage breast screen results and until electronic results begin next year, but the aim is for PEN's PATCat and CAT4 software to be more useful to your practice over time.

**Don't forget**, for CAT4 to be able to extract your breast screen data it needs to be recorded in results under one of the following terms:

- Breast Mammogram Screening
- Bilateral Mammography
- Ultrasound Breast Bilateral
- Wesley Breast Clinic Consultation Report
- Mammogram
- Mammogram-normal
- Breast Mammography

Click here for more information on how PEN reads breast results for [Medical Director](#) and [Best Practice](#). Unfortunately, PEN does not provide similar guidance for Genie. Contact us with any questions or concerns [mbaker@ncphn.org.au](mailto:mbaker@ncphn.org.au)

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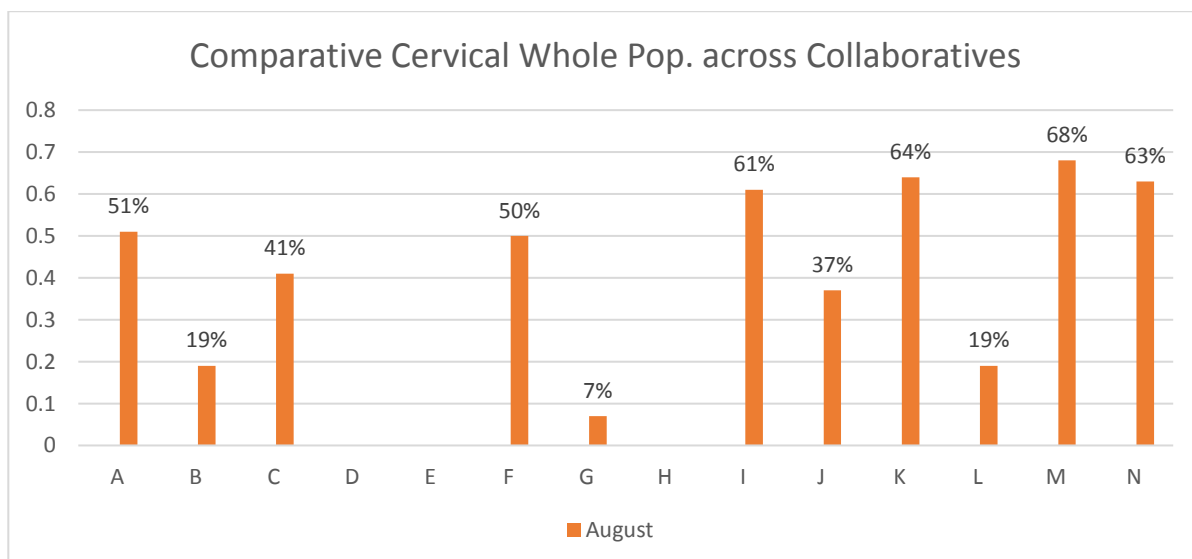
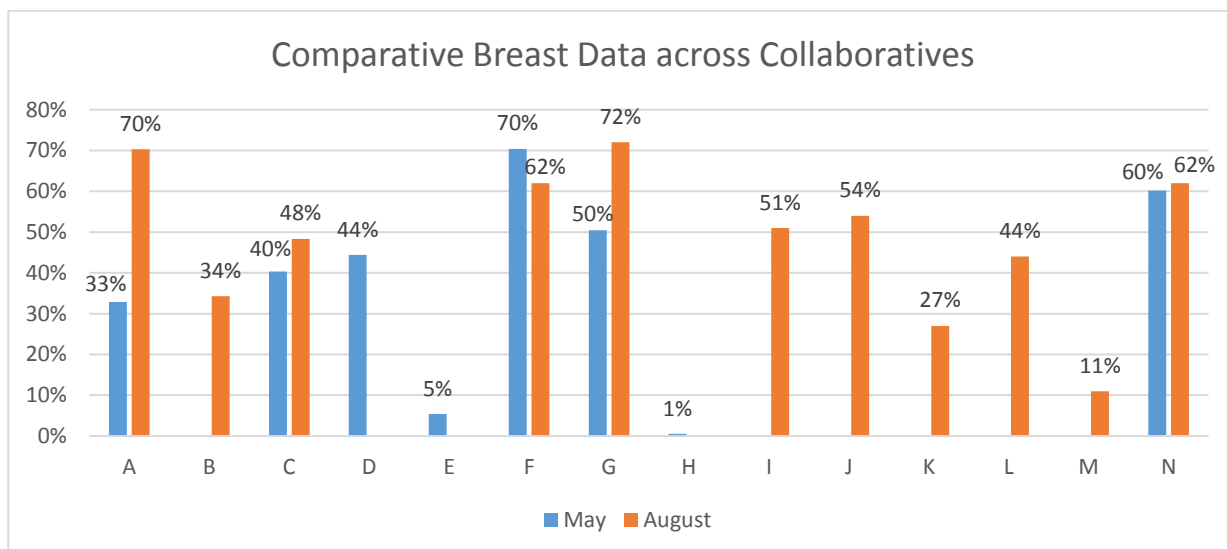


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## How does your practice measure up?

Below is a de-identified snap shot of breast screening and cervical rates across the collaborative following the August submission of data. Initial baselines reflect the data cleaning work practices have to do, and much of the early change we see is to do with practices cleaning up their data rather than pure changes to screening rates. BUT many practices have reported good responses to improved recall and reminder systems, with women coming in for screening who have been long overdue – great outcome!



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