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| Continuous Quality Improvement Practice Guide |
| Cancer Screening September 2025 – February 2026  |
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## Why Cancer Screening?

Early detection of cancer saves lives. Regular screening for cervical, bowel, and soon lung cancer helps find disease earlier, when treatment is most effective. Screening not only improves survival rates but also reduces the need for more invasive and costly treatments (Australian Institute of Health and Welfare [AIHW], 2023).

Australia has halved cervical cancer cases and deaths since 1991 through organised screening and prevention programs. That success sets the course to eliminate cervical cancer entirely in the coming decade (Cancer Australia, 2023). Research shows that around 70% of eligible Australians now screen on schedule every five years using the updated HPV-based test (NHMRC Centre of Research Excellence in Cervical Cancer Control [C4], 2023). Despite national gains, some Queensland communities, including culturally and linguistically diverse groups, First Nations peoples, people with disability and LGBTQI+ individuals, still face barriers to access and follow-up. These challenges continue to widen health gaps (AIHW, 2023).

In July 2025, Australia initiated the National Lung Cancer Screening Program, marked the first new cancer screening initiative to be introduced in two decades. Free, two-yearly, low-dose CT scans will be offered to high-risk people aged 50–70. Evidence shows this program could detect up to 70% of lung cancers at early, more treatable stages and prevent more than 500 deaths each year (Department of Health and Aged Care, 2024).

**How Practices Can Make a Difference**

General practices are central to increasing cancer screening participation and improving equity.

Brisbane North PHN has identified four key focus areas where small, practical Continuous Quality Improvement (CQI) activities can make the biggest difference:

1. **Linking practices to the National Cancer Screening Register (NCSR)** to ensure accurate data for recalls and patient follow-up.
2. **Increasing cervical cancer screening rates** by expanding both clinician-collected and self-collection pathways.
3. **Increasing bowel cancer screening awareness and uptake.** Promoting participation in the National Bowel Cancer Screening Program, including alternative access models and outreach to patients aged 45–49.
4. **Preparing for the National Lung Cancer Screening Program (NLCSP).** Building practice readiness through accurate smoking history recorded in clinical software, smoking cessation support, and patient engagement.

## Continuous Quality Improvement (CQI) Process

Continuous Quality Improvement (CQI) activities are actions designed to help practices work better, safer, and smarter. Ideally, CQI activities are small, incremental adjustments to existing processes that will result in long-term changes that add value to your practice.



## Payments Available

Funding is available to improve cancer screening in your practice. Funded by Queensland Health’s Population Health Promotion Screening Team, Brisbane North PHN can provide **payments of $1,250 (excluding GST) to practices undertaking four Continuous Quality Improvement (CQI) activities to increase cancer screening rates in their practices**.

## The Process

1. Practices **choose four Continuous Quality Improvement (CQI) activities** from the table below or you can choose to develop practice-specific activities you think will improve cancer screening rates for your patient cohort. The [Practice Development Matrix](https://practicesupport.org.au/web/assets/images/RES_Practice-Development-Matrix-17.10.24.pdf) can help you to develop these activities
2. Apply by completing **Part One** of the [Continuous Quality Improvement Application](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fpracticesupport.org.au%2Fweb%2Fassets%2Fimages%2FRES_Cancer-Screening-Continuous-Quality-Improvement-Application-v2.docx&wdOrigin=BROWSELINK) and submit via email to practicesupport@brisbanenorthphn.org.au by **30 October 2025**. This document will ask you to outline the goals you want to achieve, which four activities you want to implement, timelines you will be working to, and how you will measure your progress.
3. Brisbane North PHN will review your application and send you a CQI Agreement to sign and return.
4. Your practice then works on your proposed activities with between the period of September 2025 and 14 February 2026. Your Brisbane North PHN QI&D Engagement Officer can guide and support you through this process.
5. At the end of the project, you will complete **Part Two** of the [Continuous Quality Improvement Application](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fpracticesupport.org.au%2Fweb%2Fassets%2Fimages%2FRES_Cancer-Screening-Continuous-Quality-Improvement-Application-v2.docx&wdOrigin=BROWSELINK) and submit it to Brisbane North PHN (practicesupport@brisbanenorthphn.org.au) together with an invoice for your completion payment of $1,250 exclusive of GST (so a total amount of $1,375).

## Focus Areas and Suggested CQI Activities

Practices can choose **four CQI activities** from the list below. The activities can all come from the one focus area or from across several focus areas. What you choose to do should be determined by your practice situation, your patient population and your practice goals and objectives. You may want to do other Cancer Screening activities which are not listed on the table below and the [Practice Development Matrix](https://practicesupport.org.au/web/assets/images/RES_Practice-Development-Matrix-17.10.24.pdf) can help you with devising practice-specific activities.

If a practice is new to CQI there are some great Brisbane North PHN Micro-videos to get practices started:

* [Quality Improvement Overview](https://www.youtube.com/watch?v=W3Wd98ruSpQ)
* [Practice Incentives Program Quality Improvement](https://www.youtube.com/watch?v=m2KXijVCZGg)
* [Case Studies CQI](https://www.youtube.com/watch?v=EftGaDDknIw)

**Suggested CQI Activities**

| **Focus Area** | **Possible CQI Activities** | **Resources** |
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| **National Cancer Screening Register (NCSR) Integration** | Ensure your practice is **connected to NCSR**. Run an integration test to confirm upload/download functions.  | **Provider Resources*** [Primary Care Onboarding Kit](https://www.ncsr.gov.au/content/dam/ncsr/NCSR-primary-care-onboarding-kit.pdf) - Starter guide for linking your clinical information system to the NCSR.
* [Enhancing Preventive Care: Insights from Practice Managers (NCSR](https://www.ncsr.gov.au/about-us/news-and-media/enhancing-preventive-care-insights-from-practice-managers-on-integrating-with-the-ncsr.html)) - Case examples on integration.
* [National Cancer Screening Register](https://www.ncsr.gov.au/) - Main provider and patient portal.

**Campaign Toolkit*** [NCSR Communications Toolkit](https://ncsr.gov.au/content/dam/ncsr/comms-toolkit/NCSR-portals-integrations-communications-toolkit.pdf) -Templates and communication materials to promote register use.
* [NSCR YouTube Channel](https://www.youtube.com/playlist?list=PLKFDUMupjXqjkiwpyBpuh4eVkh5A9dczr)
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| Deliver a short **staff upskilling session** on accessing patient screening histories and uploading results to NCSR.  |
| **Ensure NCSR data feeds into your practice recall and reminder system**. Ensure CST/FOBT completions are uploaded, reconciled, and coded. |
| **Use NCSR during Consults**. Use NCSR you tube videos to upskill GPs/RNs on how to check NCSR screening history during consults and update NCSR records live. |
| Establish weekly nurse/admin task to **reconcile NCSR reports with your records**; chase missing results, correct miscoding, update opt-outs. |
| Run Primary Sense Cervical Screening Report. As a **data cleansing activity** you can select “Remove for 12 months” in the Primary Sense report if the patient has opted out or has not been seen at the practice in a while. They will then will not appear in the Primary Sense report for the next 12 month. |
| **Cervical Screening** | **Pre-order CST Self-Collection kits for opportunistic CST screening**. GP/RN offer CST/self-collection during consults | **Patient Resources*** [Getting a Cervical Screening Test](https://www.health.gov.au/our-work/national-cervical-screening-program/getting-a-cervical-screening-test) - Step-by-step info for patients.
* [Cervical Self-Collection Video](https://www.health.gov.au/resources/videos/national-cervical-screening-program-cervical-screening-explained) - Outlines what a Cervical Screening Test is and the test options available.

**Provider Resources*** [Providing Cervical Screening: Clinical Guidance](https://www.health.gov.au/our-work/national-cervical-screening-program?language=und) - Official DHDA provider guidelines.
* [National Cervical Screening Program – Main Portal](https://www.health.gov.au/our-work/national-cervical-screening-program/providing-cervical-screening) - Central program hub for providers.

**Translated / CALD Resources*** [TRUE: Your Health, Your Future – Get a Cervical Screening Tes](https://www.true.org.au/search-result?kw=get+a+cervical+screening+test)t - Community-friendly information sheets
* [Easy Read: Self-Collection Information](https://www.health.gov.au/resources/publications/national-cervical-screening-program-how-to-collect-your-own-sample-0) - Simplified guide, English and translated versions - use dropdown menu to choose language
* [Cervical Self-Collection Videos](https://www.health.gov.au/resources/videos/national-cervical-screening-program-cervical-screening-explained): Outlines what a Cervical Screening Test is and the test options available - use dropdown menu to choose language
* [Interpreting services for general practice - Practice Support - Brisbane North PHN](https://practicesupport.org.au/toolbox/multicultural-health/interpreting-services-for-general-practice)
* [Online appointment translation tool](https://www.mhcs.health.nsw.gov.au/translation-1/appointment-reminder-translation-tool)

**Primary Sense Reports*** Cervical Screening Report - Identifies eligible patients for recall.
* Patients Booked with Missing PIP QI Measures - Flags gaps for opportunistic offers
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| Run Primary Sense “Cervical Screening Report” and **send SMS/phone recalls to patients overdue for cervical screening**.  |
| Use Primary Sense “Booked patients with missing PIP QI report” to **identify and recall patients overdue for cervical screening**. Make a note on patients file for GP/RN to discuss CST or self-collection during their next consult. |
| **Promote Cervical Screening Self-Collection within the practice**. Promote via posters, website, email, social media or SMS campaign. |
| **Introduce nurse-led CST self-collection appointments.** |
| Use Primary Sense “Booked patients with missing PIP QI measurements” which will show patients with overdue cervical screening. Filter by ethnicity. **Send a translated SMS to recall overdue CALD patients.** |
| Ask CALD patients if they would like TIS available at their appointment or offer women’s-only/nurse appointments forCALD patients. **Provide cervical cancer self-collection and clinical collection screening resources in languages other than English.** |
| Run the Primary Sense “Cervical Screening Report” and **check this list against the list in the NCSR to see if this screening has been performed by another provider.** Amend your records and recalls/reminders as needed. |
| **Add cervical screening to your 45-49 health assessment template.** |
| **Bowel Screening** | **Pre-order NBCSP kits for opportunistic bowel cancer screening**. Distribute these kits during GPCCMP, Health Assessment, and other appointments. Remember to register the patient with the NCSR when you distribute the kit. | **Patient Resources*** [National Bowel Cancer Screening Program – Information Booklet](https://www.health.gov.au/sites/default/files/2024-06/national-bowel-cancer-screening-program-information-booklet.pdf) - Introductory patient guide
* [Resources for Families & Communities – Indigenous Bowel Screening](https://www.health.gov.au/resources/collections/resources-for-families-and-communities-indigenous-bowel-screening?language=en) - Culturally tailored patient info.
* [NBCSP Resources Low Vision](https://www.health.gov.au/resources/collections/national-bowel-cancer-screening-program-resources-for-people-with-low-vision?language=en) - Accessible versions for patients with low vision.
* [How to do the free test](https://www.health.gov.au/resources/videos/national-bowel-cancer-screening-program-how-to-do-the-free-test?utm_source=health.gov.au&utm_medium=redirect&utm_campaign=digital_transformation&utm_content=nbcsp-kit-video) - video

**Provider Resources*** [Indigenous Bowel Screening Resources for Health Professionals](https://www.health.gov.au/resources/collections/indigenous-bowel-screening-resources-for-health-professionals?language=en) - Clinical support for Aboriginal and Torres Strait Islander care.
* [National Bowel Cancer Screening Program - Clinical Resources](https://www.health.gov.au/resources/collections/national-bowel-cancer-screening-program-clinical-resources?language=en) - Program protocols, forms, and guidance.

**Translated / CALD Resources*** [Understand Bowel Screening in Your Language: Cancer Council](https://www.cancer.org.au/bowelscreening/multilingual-resources) - Multilingual information
* Pictorial Fact Sheets - How to Take a Stool Sample ([English](https://www.refugeehealthnetworkqld.org.au/wp-content/uploads/2022/08/Collecting-poop-with-pics.pdf), [Arabic - Sudan](https://www.refugeehealthnetworkqld.org.au/wp-content/uploads/2022/08/Collecting-poop-with-pics_AR-Sudan.pdf), [French](https://www.refugeehealthnetworkqld.org.au/wp-content/uploads/2022/08/Collecting-poop-with-pics-FR.pdf), [Kinyarwanda](https://www.refugeehealthnetworkqld.org.au/wp-content/uploads/2022/08/Collecting-poop-with-pics_Kinyarwanda.pdf), [Swahili](https://www.refugeehealthnetworkqld.org.au/wp-content/uploads/2022/08/Collecting-poop-with-pics-SW.pdf), [Somali](https://www.refugeehealthnetworkqld.org.au/wp-content/uploads/2022/08/Collecting-poop-with-pics_-SO.pdf))
* [Interpreting services for general practice - Practice Support - Brisbane North PHN](https://practicesupport.org.au/toolbox/multicultural-health/interpreting-services-for-general-practice)
* [Online appointment translation tool](https://www.mhcs.health.nsw.gov.au/translation-1/appointment-reminder-translation-tool)

**Primary Sense Reports*** Bowel & Breast Cancer Screening Report - Identifies eligible patients due for screening.
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| Run Primary Sense “Bowel and Breast Cancer Screening Report” and **send SMS/phone recalls to patients overdue for bowel screening**. Include information about how to request a NBCSP kit.  |
| **Promote Bowel Screening within the practice.** Promote via posters, website, email, social media or SMS campaign. |
| Use Primary Sense “Booked patients with missing PIP QI measurements” which will show patients with overdue bowel screening. Filter by ethnicity. **Send a translated SMS to recall overdue CALD patients.** |
| Ask CALD patients if they would like TIS available at their appointment or offer women’s-only/nurse appointments forCALD patients. **Provide bowel screening resources in languages other than English.** |
| Run the Primary Sense “Bowel & Breast Screening Report” and **check patient records to confirm any circumstances where the test was done elsewhere** (eg - colonoscopy, bowel cancer, colostomy). Amend your records and recalls/reminders as needed |
| **Add bowel screening to your 45-49 years health assessment template.** |
| **Lung Cancer Screening Readiness** | **Familiarise your staff with the new National Lung Cancer Screening Program** **and start preparing your practice for referring patients.** | **Patient Resources*** [National Lung Cancer Screening Program – Brochure](https://www.health.gov.au/sites/default/files/2025-05/national-lung-cancer-screening-program-what-is-the-nlcsp-brochure.pdf) - Program overview for patients.
* [Manage Participation – National Lung Cancer Screening Program](https://www.ncsr.gov.au/lung-program/manage-your-participation-in-the-lung-program.html#accordion-4408868482-item-5d8b79dcbd) - NCSR participant portal for patients.
* [Quick Start Guide – NCSR Participant Portal](https://www.ncsr.gov.au/content/dam/ncsr/quick-start-guides/Quick-Start-Guide_Participant-Portal.pdf) - Step-by-step guide for patients.
* [Quit Smoking & Vaping – Fact Sheets (Quit)](https://www.quit.org.au/fact-sheets) - Cessation support resources for patients.

**Provider Resources*** [NLCSP Program Guidelines](https://ccstatic.ccindex.cn/event/47/75/67/3/rt/1/documents/resourceList1744699761473/nationallungcancerscreeningprogramguidelinesforwebinarattendees1744699761473.pdf) - Full program policy and procedures.
* [National Lung Cancer Screening Program – Guidelines summary](https://www.health.gov.au/sites/default/files/2025-04/national-lung-cancer-screening-program-guidelines-summary.pdf) - Concise provider guidance.
* [Workforce Education: Lung Foundation Australia](https://lungfoundation.com.au/training/national-lung-cancer-screening-program-health-workforce-education/) - Online training modules for health staff.
* [National Lung Cancer Screening Program - NACCHO](https://www.naccho.org.au/cancer/lung-cancer/) – Aboriginal and Torres Strait Islander provider resources.

**Translated / CALD Resources*** [NLCSP Translations – DHDA](https://www.health.gov.au/resources/translated?f%5b0%5d=h_translations_our_work:46566) - Multilingual brochures and patient info.

**Max Up Research Study*** [Max Up trial details](https://news.uq.edu.au/2025-05-30-quit-smoking-study-expanded-north-queensland)
* [What is involved and how to sign up](https://metronorth.health.qld.gov.au/tpch/max-up-research-study)
* [Quit HQ](https://www.quithq.initiatives.qld.gov.au/) (Quitline 13 QUIT)

**Primary Sense Reports*** PIP QI Report 10 Measures - Standard quality measures.
* Patients Booked with Missing PIP QI Measures - Flags gaps for opportunistic offers
* Accreditation Report - Accreditation support data.
* Lung Cancer Screening Report – Identifies eligible patients.
* Health Assessments – looks at 45-49yo, over 75’s and those eligible for a 715
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| **Raise awareness of the new Lung Cancer Screening Program** within the practice. Use posters, website, email, social media or SMS. |
| **Raise awareness of smoking cessation programs** within the practice. Use posters, website, email, social media or SMS. |
| **Identify patients with missing smoking status** - Run Primary Sense “Patients Booked with Missing PIP QI Measures”. Make a note on the patients file for GP/RN to discuss during the patients’ next consult.  |
| For current smokers – **flag patient for** **smoking cessation intervention**. Offer and promote Quitline/My QuitBuddy or pharmacotherapy. |
| **Set up smoking cessation templates.** Create quick-text templates for documenting cessation advice, referral and recall and reminder templates. |
| Run Primary Sense “Accreditation Report “and track your practices progress in **recording smoking status of patients.**  |
| Run Primary Sense “Lung Cancer Screening Report “. This report outlines smoking status, pack years and **cessation support offered to patients**, share results at team meeting |
| Run the Primary Sense “Health Assessment report’ to **create list of eligible patients for a health assessment or a** **715, recall patients, update smoking status** |
| **Incorporate smoking history review in health assessment templates**.  |
| **Sign up patients aged 50 to 80 who are currently smoking to the Max Up trial** run by thePrince Charles Study and MetroNorth Health. Patients join through Quit HQ (Quitline 13 QUIT) can access free nicotine patches, gum or lozenges, as well as a free CT scan of their lungs, if eligible. |

## Support and assistance

Your QI&D Engagement Officer can help you develop your goals, choose your activities and set your timeline. We also have a wide range of resources available to support you through this process.

Information is also available on our [practice support website](http://www.practicesupport.org.au/), via email practicesupport@brisbanenorthphn.org.au or via phone on 07 3490 3495.