

Gold Coast Primary Health Network

Optimising Cancer Screening | Updates, Education and Participation Strategies – Thursday 19 June



Acknowledgement to Country



Gold Coast Primary Health Network would like to acknowledge and pay respect to the land and the traditional practices of the families of the Yugambeh Language Region of South East Queensland and their Elders past, present and emerging.

Artist: NARELLE URQUHART, WIRADJURI WOMAN

Housekeeping

- The exits are located at the rear of the room
- Toilets are located at across the foyer
- WIFI password is: mercureconf



18:00 – 18:30

01

Registration and Dinner

18:30 – 18:30

Welcome

Michelle Everington
Gold Coast Primary Health Network

02

Breast Screen Q:D

18:35 – 18:50

Sarah Jesser
Gold Coast Health

03

Cervical Screening Update

18:50 – 19:05

Kelly Land
True Relationships and Reproductive Health

04

Increasing Cervical Screening Participation – A Team Based Quality Improvement Initiative

19:05 – 19:20

Lucy Westrip
Gold Coast Primary Health Network

05

National Bowel Cancer Screening Program

19:20 – 19:35

Liz Cramb and Rachel Moore
Gold Coast Health

06

National Lung Cancer Screening Program

19:35 – 19:50

Glen Kennedy
Queensland Health

07

Showcase of Cancer Screening Communications

19:50 – 20:05

Wayne Hickson
Gold Coast Primary Health Network

08

Question and Answer

20:05 – 20:20

Michelle Everington
Gold Coast Primary Health Network

09

Event closure

20:20 – 20:30

Michelle Everington
Gold Coast Primary Health Network





Breast screening & BreastScreen Queensland



BreastScreen Queensland Gold Coast Service
June 2025



Queensland
Government




Breast Cancer: 1 in 7 women

We do **not** know what causes breast cancer & we **cannot** prevent it


Family history is important, but 95 out of 100 women diagnosed have **no** family history

Biggest risk factors are being female & getting older

For every 100 people diagnosed with breast cancer

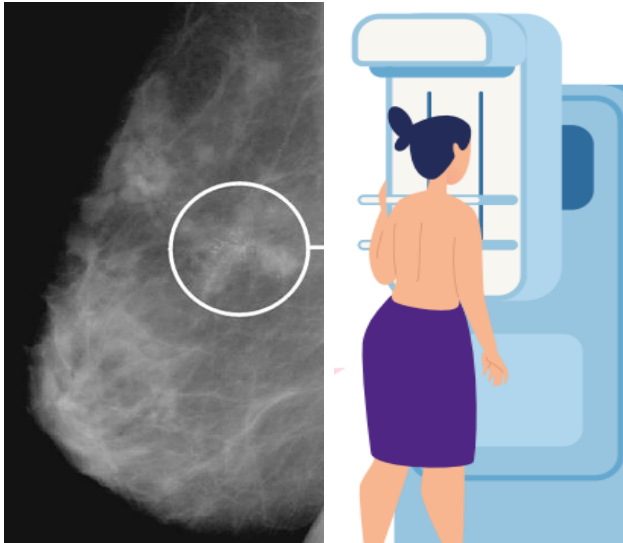
-  5 people will be aged under 40
-  15 people will be aged 40 to 49
-  80 people will be aged 50 or over



- 
- ❖ 80% OF BREAST CANCERS OCCUR IN WOMEN 50+
 - ❖ AVERAGE AGE AT DIAGNOSIS IS 60

Breast screening

What is it?



- High quality, nationally accredited breast screening program
- Emphasis is on population benefit
- Organised program with systematic data collection
- Most clients screen biennially, some annual
- Two 2-D X-rays
- Aims to detect unsuspected (mostly impalpable) lesions
- Best way to find early breast cancer, before it can be seen or felt, for women 50+
- Free at BreastScreen services
- Appointment takes less than 20 minutes
- Procedure only takes a few seconds & may feel uncomfortable
- Women are eligible from 40 and may continue to screen after 74

Having a regular screening mammogram (breast screen) can find breast cancer in its very early stages, when it's easier to treat

Screening

Who is it for?



- ✓ For asymptomatic 'well' women* with no breast cancer signs or symptoms
- ✓ Women aged over 40 however those aged 50-74 actively invited - evidence of screening effectiveness strongest for this group

Breast Implants: Yes. Double appointment provided

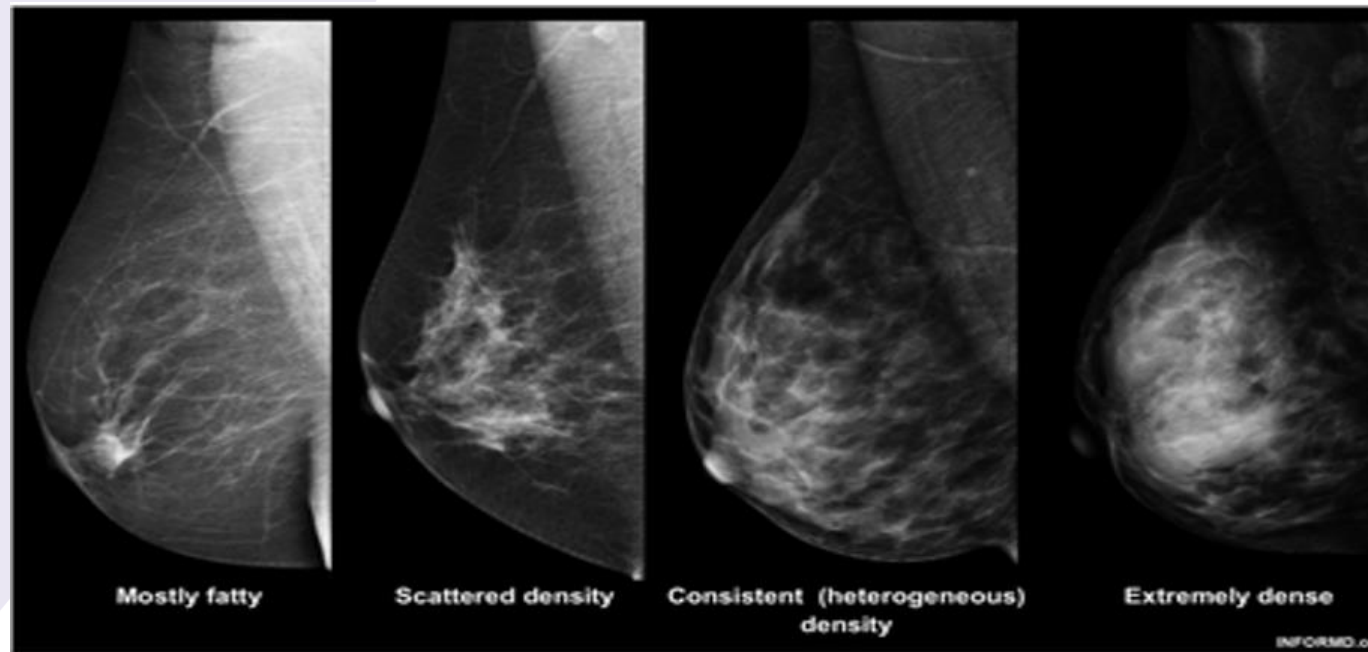
Breastfeeding: Yes. Feeding or expressing beforehand recommended to reduce density and improve comfort

History breast cancer: Yes. 5 years after diagnosis. Will remain under care of treating surgeon in interim

*people who were assigned female at birth, present or identify as female

Breast density

- [BSA Position Statement](#) on Breast Density released May 2025
- Breast Imaging Reporting and Data System BI-RADS category A to D
- Both breast tissue and cancer appear white on mammograms



BI-RADS a

BI-RADS b

BI-RADS c

BI-RADS d



Queensland
Government

**Pre-menopausal
breast**

**Post-menopausal
breast**

Breast density

- About 1 in 10 women aged 50-74 have extremely dense breasts (BI-RAD cat D)
- About 1 in 4 women under the age of 50 have extremely dense breasts
- BSQ sees some women under 40 at North Brisbane Family clinic via referral



Breast Cancer: Risk Factors

Several risk factors *can* increase a person's chance of developing breast cancer including:

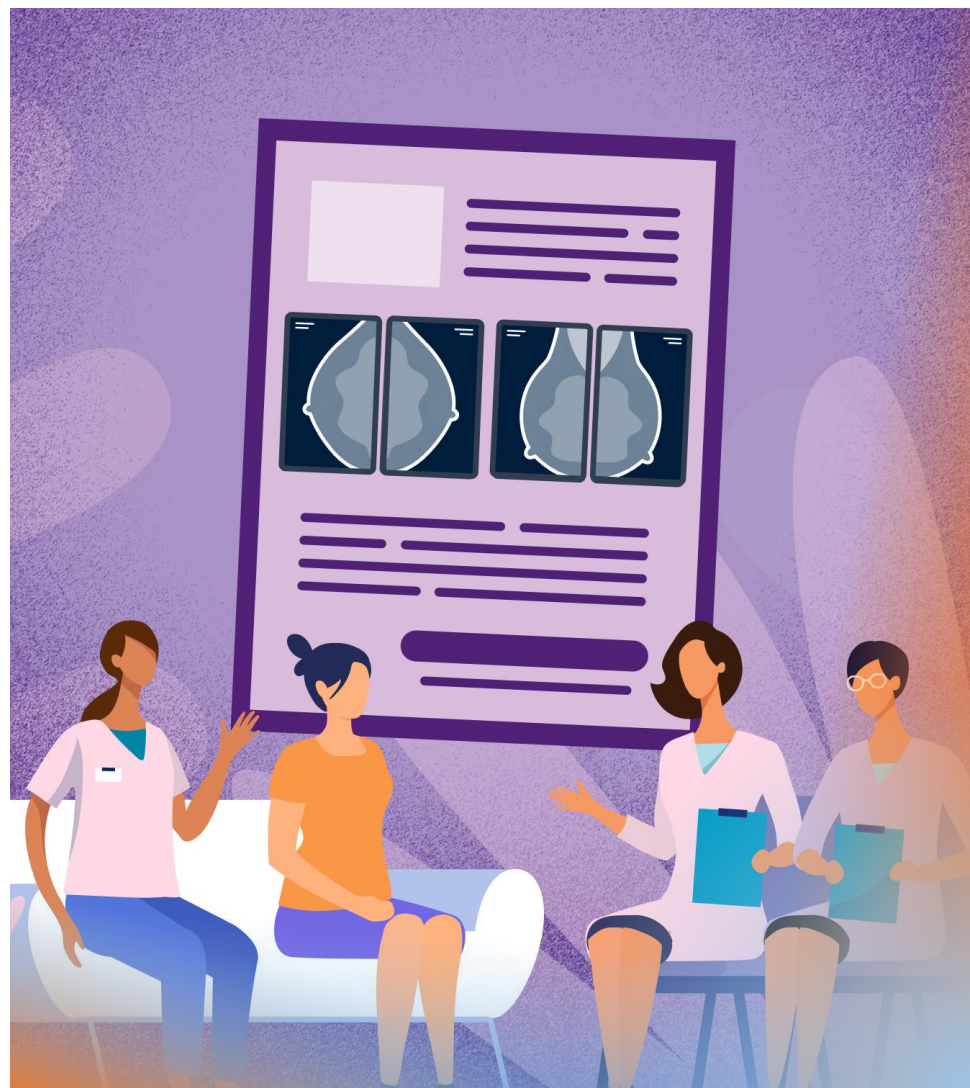
- Family history/Genetic
- Medical history
- Reproductive
- Lifestyle
- Medications
- Environmental

For more information visit:

- breastscreen.qld.gov.au/should-i-screen/am-i-at-risk-of-breast-cancer
- breastcancerriskfactors.gov.au
- <https://www.petermac.org/patients-and-carers/health-services-for-cancer-patients/cancer-prevention/iprevent>

What happens next

- Each breast screen image is read by 2 or more trained specialist doctors
- 'Normal' results: Postal or electronic letter to client and their nominated GP within 2-4 weeks. *GP does not receive a detailed report or access to images*
- Most clients are advised there are no signs of breast cancer and invited to return to routine screening
- Women aged 74+ are not sent a reminder notice but can continue to screen if they wish. They can talk with their GP to help decide if screening is right for them
- 'Abnormal' results: Clients notified by phone by nursing team and invited for further assessment (usually within 28 days). GP will be notified of outcomes post-assessment.
- Around 1 out of 20 clients screened will be asked to return for further tests
- More common to receive recall to assessment if first screening mammogram with BSQ



Assessment Clinic

- Held at the **Southport site only**
- Free with valid Medicare card
- Specialist multidisciplinary team
- Last approximately 2-4 hours
- Mostly morning appointments

Tests may include:

- Tomosynthesis (3D mammography)
- Targeted X-ray
- Ultrasound
- Biopsy (result appointment made for 7 days)

What happens at a BreastScreen Queensland Assessment Clinic

This video explains what happens when clients are asked to come back for more tests after their breast screen.

It covers things like:

- how to prepare for your appointment
- the kinds of tests you may have
- what happens after your appointment.



An online **video** shows what happens at follow-up BSQ Assessment clinics:

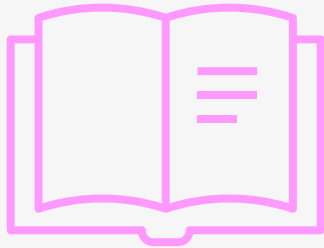
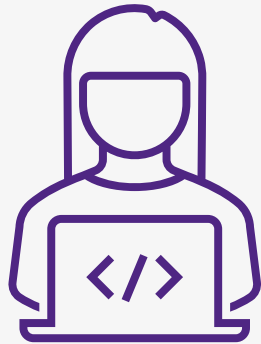
- *available in several languages including Auslan*
- *link to video included in SMS confirmation of appointment sent to client*

Help boost breast screening participation

Only half of local woman aged 50-74 regularly participate in the BSQ program

- Ways to help increase screening rates:
 - ✓ Encourage eligible clients to access free BSQ services
 - ✓ Share information resources with patients (inc. online fact sheets & videos)
 - ✓ Display promotional resources (inc. posters, brochures, cards)
 - ✓ Support use of GP Recommendation pads
 - ✓ Audit practice database to see if BSQ outcomes & reminders are up-to-date in-patient files
 - ✓ Prompt overdue patients to screen during consultations or via SMS reminders
 - ✓ Encourage clients to learn more on reducing their cancer risk canceraustralia.gov.au

Note: BSQ client 'Well woman' results are available via *MyHealthRecord*



Further Reading

- [Health professionals | BreastScreen Queensland](#)
- [Having follow up tests | BreastScreen Queensland](#)
- [Breast cancer | Cancer Australia](#)
- [Breast Cancer Network Australia](#)
- [Breast cancer | Causes, Symptoms & Treatments | Cancer Council](#)
- [Australian Institute of Health and Welfare \(AIHW\) BreastScreen Australia Monitoring Report 2024](#)
- [BreastScreen Queensland Strategic Plan 2025-2032](#)



+



Contacts

- General enquiries, resources and feedback:

13 20 50

BSQ-GoldCoast@health.qld.gov.au

- BSQ GC Nursing team:

07 5537 0305

- **13 HEALTH** (13 432584)

Appendix 1: Clinical Concern / Diagnostic Imaging

It is imperative that any client presenting with breast cancer symptoms seeks urgent diagnostic assessment and **DOES NOT** access BreastScreen.

You can support symptomatic women in the following ways:

- Can make e-referral (using your local system) to Robina Hospital – can be marked urgent if required. Client will be triaged and contacted
- Private referrals – document clinical concern i.e. ‘suspicious lesion’. Note some providers may offer bulk-billing
- For a client to have an MRI bulk-billed, a specialist *must* make the referral to provide the correct item number
- Please make it clear to clients that referrals are for diagnostic imaging, if symptomatic
- Please ensure clients are aware QScan offers ultrasound imaging but not mammography
- Please inform clients they can return to BreastScreen *1 year* after diagnostic imaging or private mammogram

National Cervical Screening Program 2025 Updates to Clinical Guidelines

GCPHN Optimising Cancer Screening

Kelly Land

Nurse/ Midwife True Relationships and Reproductive Health

Thursday 19th June 2025

True Relationships and Reproductive Health



Established in 1972 and is a profit-for-purpose organisation

Our goal is to achieve substantial, positive social impact by improving reproductive and sexual health and promoting safe and respectful relationships

True achieves this through the delivery of expert clinical services, education and counselling



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Our Clinics

Ipswich

Shop 5, 54 Limestone St
Ipswich QLD 4305
Phone: 07 3281 4088

Cairns

Ground Floor, Solander Centre
182 Grafton
Street. Cairns QLD 4870
Phone: 07 4051 3788

Rockhampton

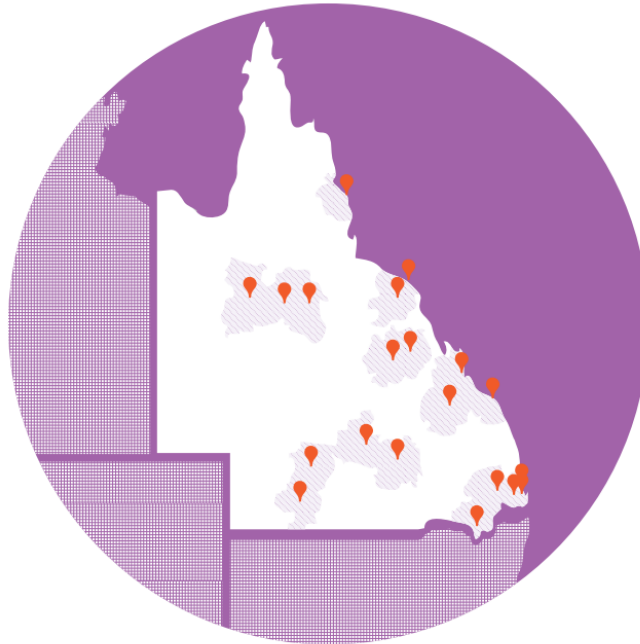
Glenmore Shopping Village
301 Farm Street. Norman
Phone: 07 4927 3999

Toowoomba

Level 1, 661 Ruthven
Street
Toowoomba QLD 4350
Phone: 07 4632 8166

Brisbane

Building 1, 230 Lutwyche Road
Windsor QLD 4030
Phone: 07 3250 0200



Clinical Education Unit (CEU)



True's clinical Education Unit delivers training and education to health professionals working in sexual and reproductive health.

Our courses include:


- Cervical Screening
- IUD insertion
- Implanon NXT insertion and removal
- FPAA Sexual and Reproductive Health course for doctors and NPs

We also offer several online, self-paced short courses for doctors, nurses and midwives


What are the changes?

→ ↺ app.magicapp.org/#/guideline/Eez2Kj

TRUE Intranet Portal... Clinical Education U... Inbox (1,903) - kellyl... AusLA

 National Cervical Screening Program Guidelines.
v2.16 published on 4/16/2025

Sections

- 1 Summary of guidelines >
- 2 Introduction >
- 3 How to use these guidelines >
- 4 Terminology, classification systems and report preparation >
- 5 Cervical screening in clinical practice >
- 6 Management of HPV test results >
- 7 Screening and management in specific populations >
-  Colposcopy >

1 Summary of guidelines

1.1 Summary of changes in 1 July 2024

Introduction

As 5 years have passed since Australia's National Cervical Screening Program (NCSP) was introduced, the National Health and Medical Research Council (NHMRC) of the review was informed by the N...

[More >](#)

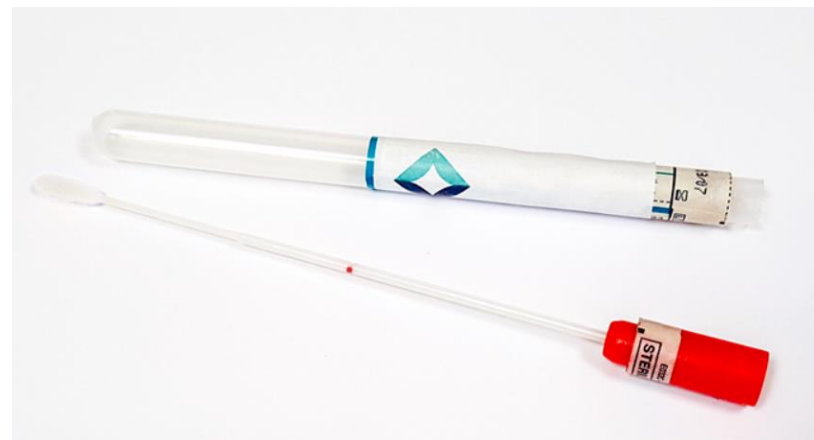
1.2 Context

These guidelines support the NCSP, and are designed to provide guidance for cervical screening in

- These changes came into effect on **14 April 2025**
- **MagicAPP** now hosts the National Cervical Screening Program Guidelines, creating a more user-friendly experience
- New chapter 'Cervical Screening in Clinical Practice' (chapter 5) brings together information relevant for General Practice in one place

Self collect

- **Inclusion of self-collection option:**
Screening participants with HPV (not 16/18) detected on a self-collected sample who do not return for their clinician collected test (LBC) by 9 months or more after their initial Cervical Screening Test, can now be offered a self-collected HPV test as follow-up, rather than a co-test



- **Post-treatment management of high grade squamous intraepithelial lesion (HSIL) – Test of Cure (ToC)**

People treated for histologically confirmed HSIL are recommended to have yearly HPV tests (rather than co-tests) until tests are negative on two consecutive occasions, at which point they can return to routine screening.

Test of Cure Update

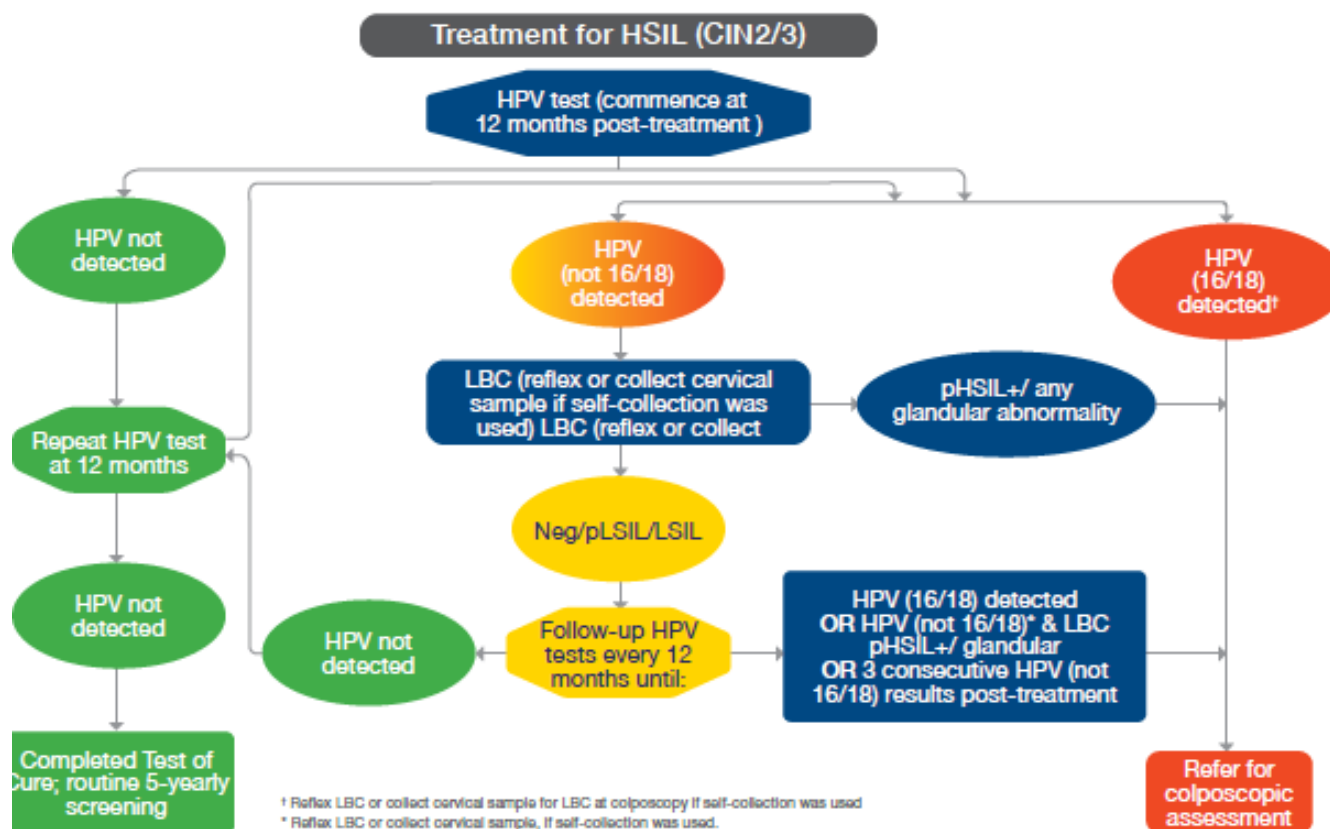
Test of cure following treatment of HSIL is now annual HPV tests until two consecutive tests are negative

- Once the patient has completed Test of Cure, they can return to 5-yearly screening
- See REC 9.12 for more information

Previous	Updated
Recommendation	
<ul style="list-style-type: none">• Annual co-tests until 2 x consecutive negative tests (negative HPV and LBC)	<ul style="list-style-type: none">• Annual HPV tests until 2 x consecutive tests with HPV not detected
Is HPV self-collection an option?	
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Test of Cure update

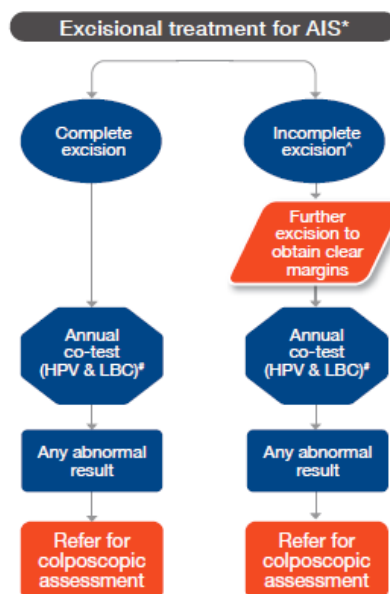
TEST OF CURE FOLLOWING TREATMENT FOR HIGH-GRADE SQUAMOUS ABNORMALITIES



Surveillance after adenocarcinoma in situ (AIS)

Surveillance following excisional treatment of adenocarcinoma in situ (AIS)

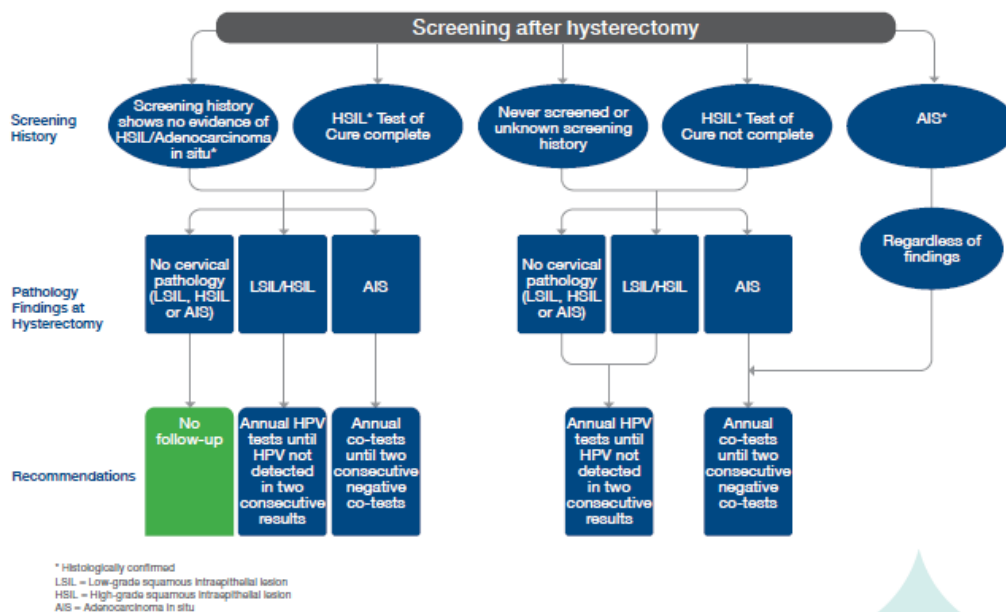
- Requires annual co-tests
- Refer for colposcopy if any abnormal result
- Interval can now be extended to 3 years if all co-tests are negative for 5 years
- If all tests are negative for 25 years
 - > Return to routine screening (if <70 yo)
 - > Exit the program (if ≥ 70 yo)
- See REC 9.20 for more information



Screening after hysterectomy

Screening after total hysterectomy

- Simplified to annual testing
- Co-test or HPV test depending on cervical pathology and history
 - > Until 2 x negative tests on 2 x consecutive occasions
- See section 7.4 for more information



Screening of people with immune deficiency

3-YEARLY SCREENING	
Recommended	Should be highly considered
<ul style="list-style-type: none">• Living with HIV• Solid organ transplant with immunosuppressive therapy• Active haematological malignancy• Haematopoietic stem cell transplant recipients• Primary immunodeficiency	<ul style="list-style-type: none">• Long-term haemodialysis (>6 m)• Long-term treatment (>6 m) with highly immunosuppressive therapies:<ul style="list-style-type: none">> High-dose corticosteroid treatment> Selected conventional and targeted synthetic disease-modifying anti-rheumatic drugs> Biologic therapies that deplete T cells> Multiple immunosuppressants

Colposcopy relevant changes

- Option to defer re-referral for those with HPV (16/18) detected, LBC report of negative, and normal colposcopy, if 12-month follow-up results are again HPV (16/18) detected and negative LBC.
- The HPV test could be repeated in another 12 months, rather than immediate referral to colposcopy.



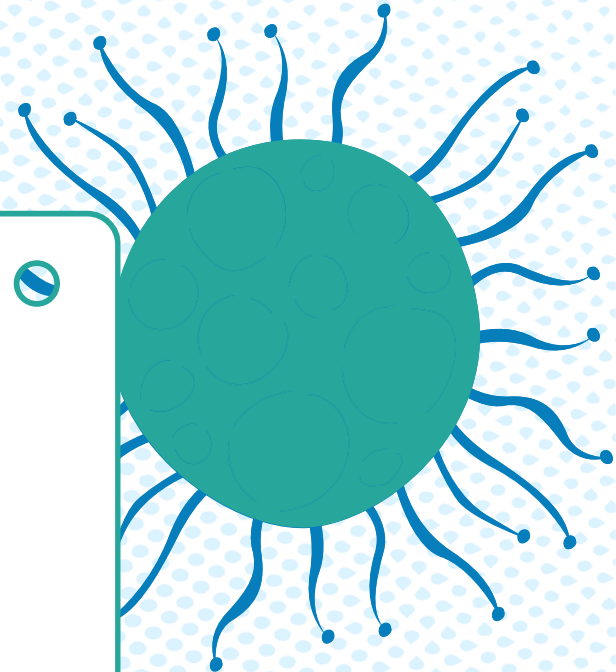
Increasing Cervical Screening Participation

A Team-Based Quality
Improvement Initiative



Why is this important?

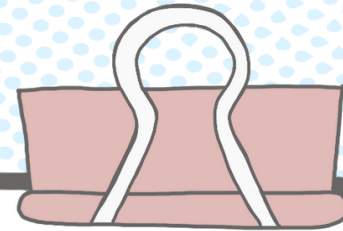
- ~800 Australians diagnosed each year
- ~80% of cases are in under / never-screened people
- Cervical cancer is highly preventable with early detection
- NCSP has significantly reduced cervical cancer rates since 1991
- Target participation is 70% – we're not there yet
- Every patient contact is a chance to promote screening



NATIONAL
CERVICAL SCREENING
PROGRAM

A joint Australian, State and Territory Government Program

Cervical Screening Self-Collection QI Activity



Who was involved?

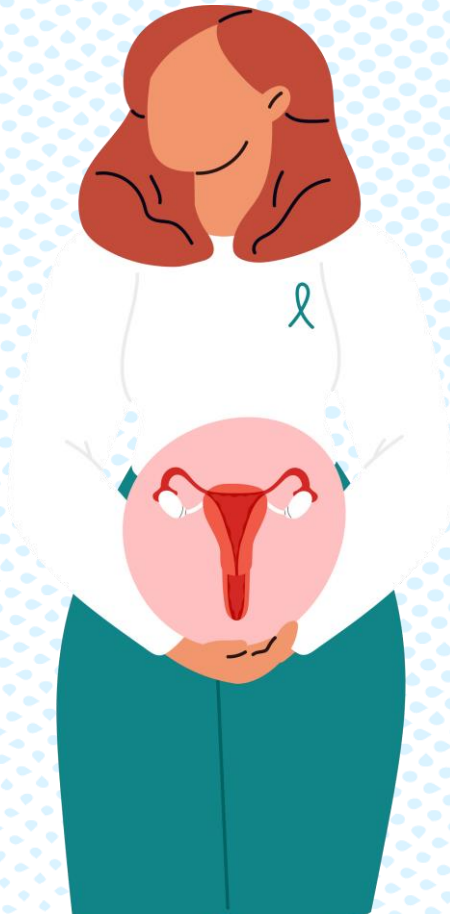
- 9 general practices
- GCPHN QI Project Officer
- QLD Cancer Screening Unit

How did it happen?

- Whole of practice approach (QI team of GP, PM, Nurse)
- PDSA templates used to drive sustainable QI improvements
- Focused on increasing use of self-collection for under-screened patients
- Supported with training, education, data tools & patient education resources
- Clinical audit for GPs

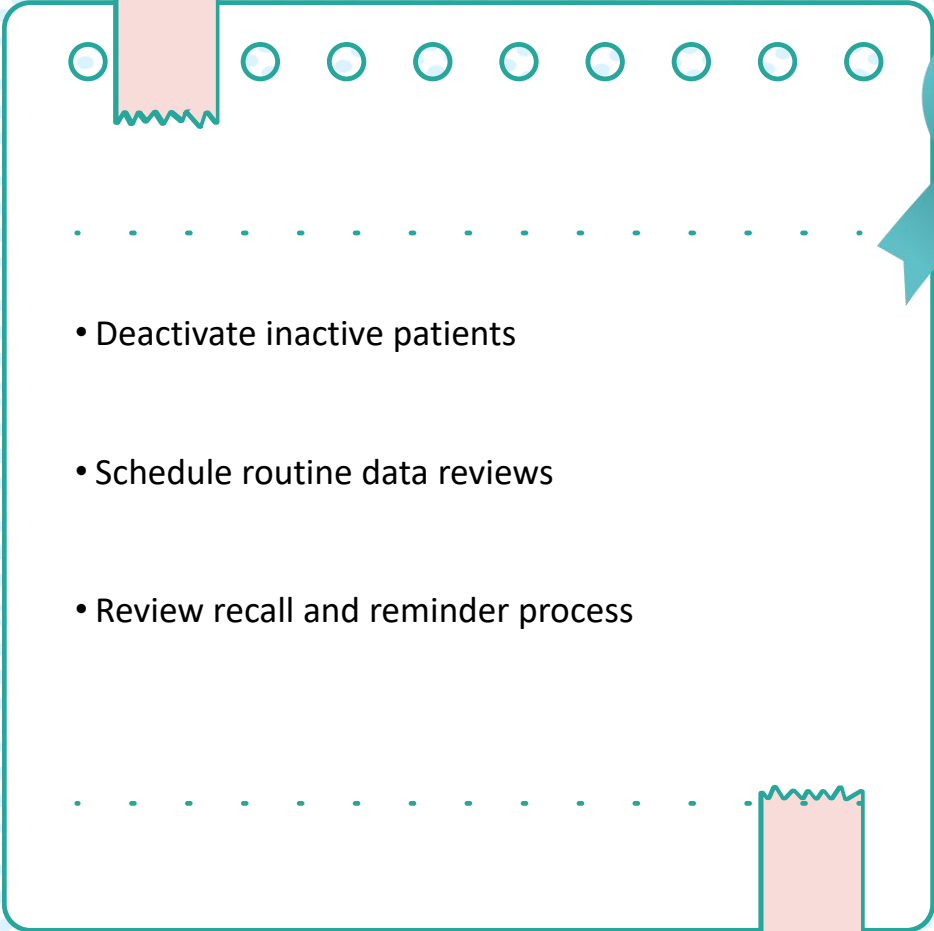
What were the results?

- Practices embedded self-collection into routine care
- From baseline to mid-point:
 - Self-collection uptake rose from 21.9% to 42.4%
 - Monthly test volume increased from 103.6 to 128.5



Tip 1:

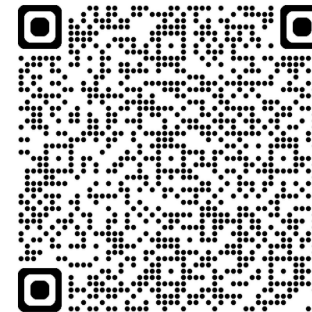
Prepare Your Patient Data and Practice Systems

- 
- Deactivate inactive patients
 - Schedule routine data reviews
 - Review recall and reminder process

Tip 2:

Integrate the National Cancer Screening Register (NCSR)

- Access full screening history
- View real-time alerts and reporting
- Submit results directly
- Use NCSR onboarding tools

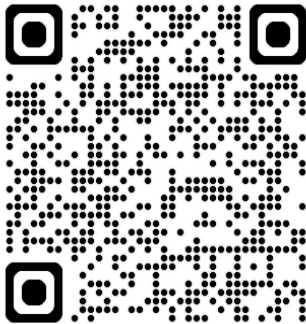


**Download the Primary Care
Onboarding Kit to get started!**



Tip 3:

Use Coded Entries



- Avoid free text
- Gold Coast participation = 63.5%
- Gold Coast QIM 9 = 40%

Gap in coding results!

Resource: Best Practice + Medical Director Clinical
Entering a Cervical Screening Test (CST) result
summary sheets

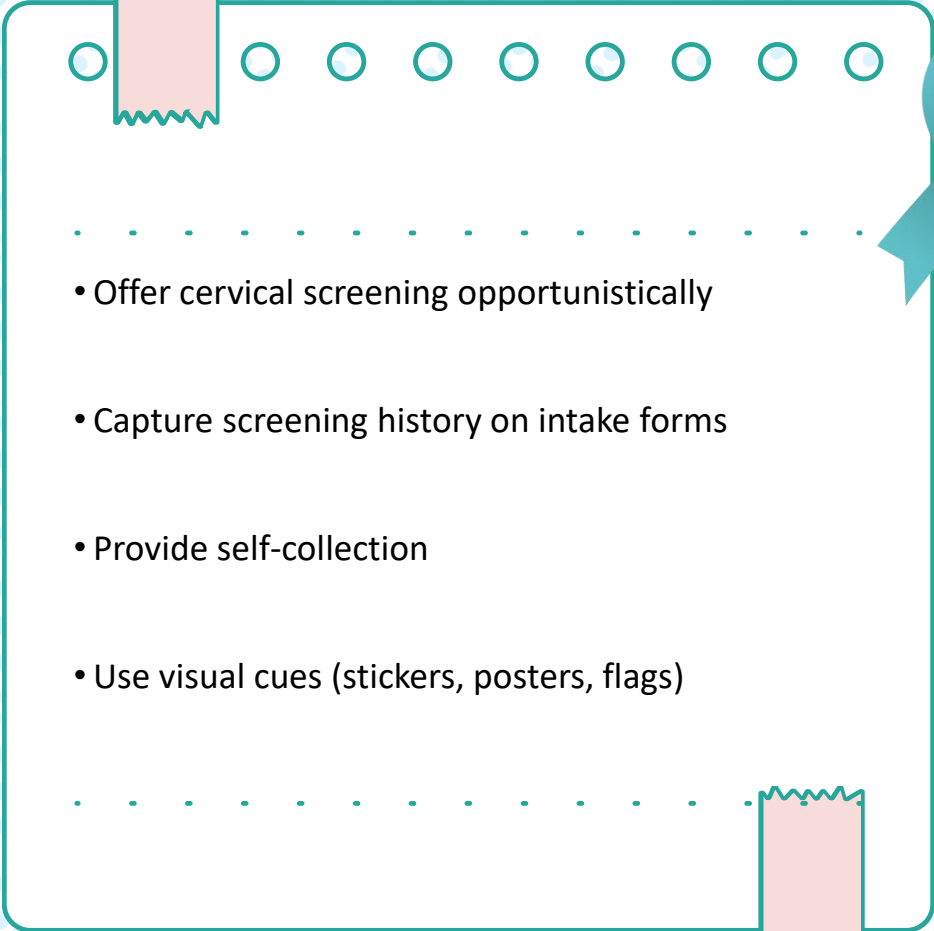
Tip 4:

Identify Your Eligible Patients

- Use Primary Sense to identify eligible, due and OVERDUE patient
- Target specific populations
- Flag reminders on patient files

Tip 5:

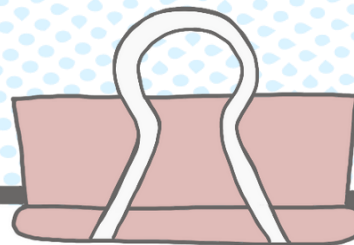
Make Cervical
Screening Part of
Everyday Care

- 
- Offer cervical screening opportunistically
 - Capture screening history on intake forms
 - Provide self-collection
 - Use visual cues (stickers, posters, flags)

Tip 6: Train Your Team

- Train staff on screening & self-collection
- Use HealthPathways and clinical guidelines for consistent decisions

What's Next?



Start Today!

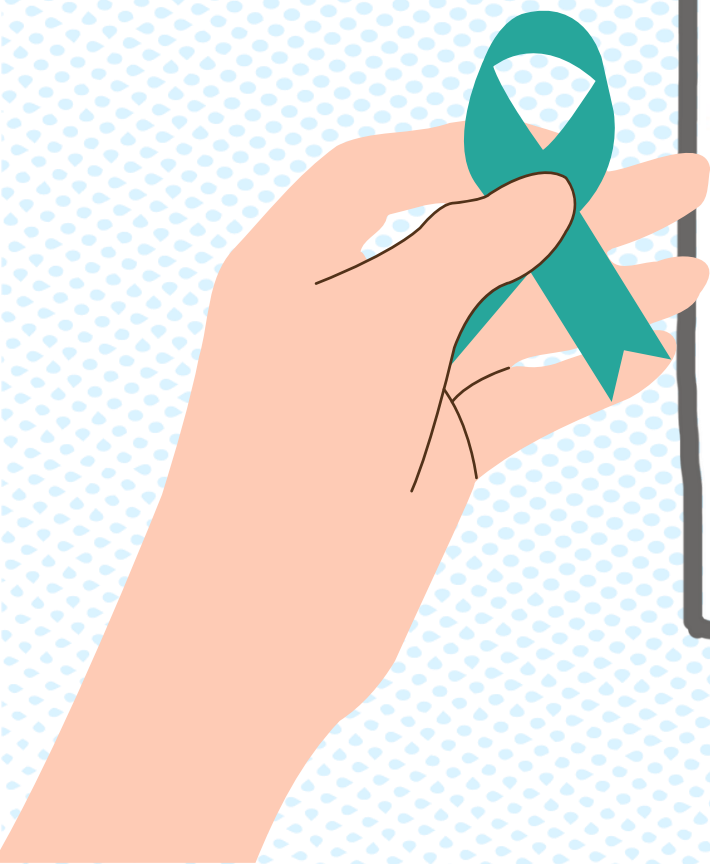
- Form the QI team
- Pull baseline data and choose one improvement idea OR combine screening efforts with other programs:



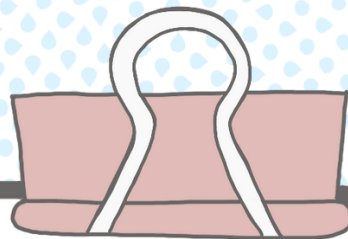
- Start small – e.g., women aged 25–26 or long-overdue patients

Everyone has a role:

- Admin: recalls, flag patient files
- Nurse: education, self-collection
- GP: encourage at consults, perform screens
- PM: NCSR integration, lead coordination



What's Next?

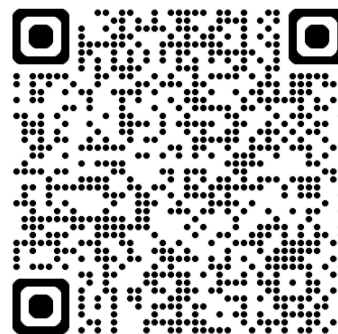


How can GCPHN help?

Resources
Self-paced QI activities
Audits
Education opportunities

Contact: PracticeSupport@gcphn.com.au | 07 5612 5408

GCPHN QI Resources:





The National Bowel Cancer Screening Program: latest updates for practice staff

Presented by Liz Cramb



Australian Government

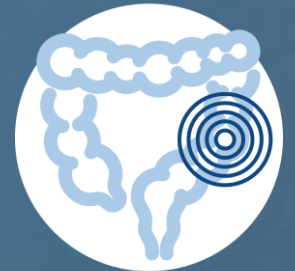
**NATIONAL
BOWELCANCER**
SCREENING PROGRAM



Queensland Government

Bowel cancer: a significant public health issue in Australia

- Morbidity: 4th most common cancer
 - over 15,000 diagnoses each year¹
- Mortality: 2nd highest cause of cancer-related death
 - over 5,000 deaths each year¹
- One of the most expensive cancers for Australia's healthcare system
 - exceeding \$1.6 billion per year²
- Most bowel cancers are treatable if found early³



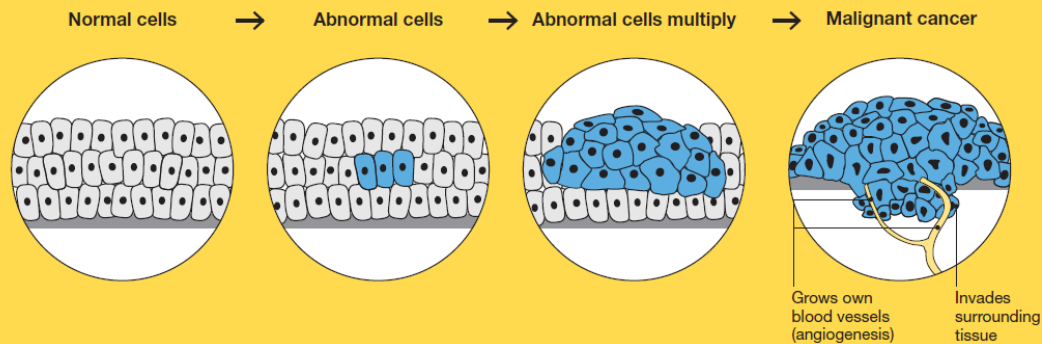
1) Australian Institute of Health and Welfare. (2025). *Cancer data in Australia*.

2) Australian Institute of Health and Welfare. (2024). *Health system spending on disease and injury in Australia 2022-23*.

3) Cancer Australia. (2019). National Cancer Control Indicators: relative survival by stage at diagnosis (colorectal cancer).

Stages of bowel cancer progression

How cancer starts



How cancer spreads

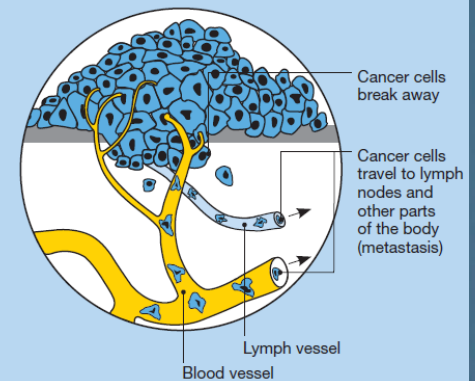
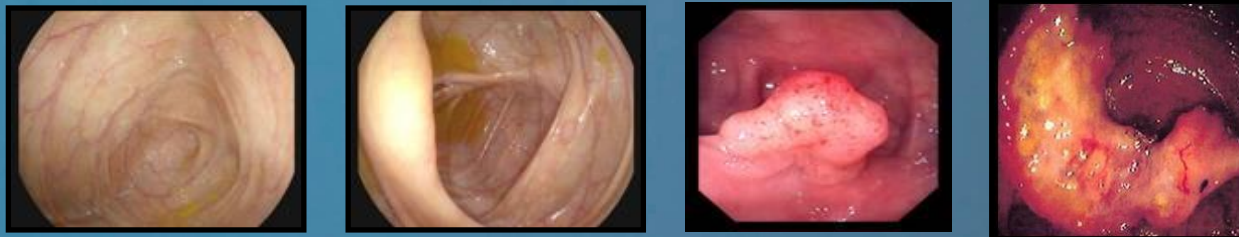


Image: Cancer Council Australia



Usually takes up to 10-15 years

Bowel screening at a population level

Population screening for bowel cancer involves testing people who have no obvious symptoms and who are at an average level of risk (approx. 95% of the population).

Differs from **diagnostic tests** carried out for people with symptoms or a significant family history of bowel cancer.

An immunochemical faecal occult blood test (iFOBT) is the recommended population screening test in Australia for people aged 45 to 74.



National Bowel Cancer Screening Program (NBCSP)

- Offers biennial screening to people aged 45-74 (45-49 year olds need to opt in initially)
- NBCSP has progressively expanded from 2 to 14 eligible age groups
- 45-49 year olds became eligible from 1 July 2024



Year	Eligible age groups invited
2006	55 and 65
2008	50, 55 and 65
2011	50, 55 and 65
2013	50, 55, 60 and 65
2015	50, 55, 60, 65, 70 and 74
2016	50, 55, 60, 64, 65, 70, 72 and 74
2017	50, 54, 55, 58, 60, 64, 68, 70, 72 and 74
2018	50, 54, 58, 60, 62, 64, 66, 68, 70, 72 and 74
2019 onwards	50, 52, 54, 56, 58, 60, 62, 64, 66, 68, 70, 72 and 74
July 2024 onwards	50, 52, 54, 56, 58, 60, 62, 64, 66, 68, 70, 72 and 74 45-49 year olds eligible to join program early

Issuing of kits through the NBCSP



Currently two ways an eligible person can be issued a NBCSP kit:

- 1) **Mail out method** (usual pathway) – test kit is mailed to an eligible person's Medicare-registered address when due (or upon request)
- 2) **Alternative access to kits model (AAM)** – registered healthcare professionals or practices can bulk order NBCSP iFOBT kits and offer a kit directly to eligible people.* Helps reach under-screeners

*All kits issued via AAM must be registered in the National Cancer Screening Register (NCSR), which will indicate if a patient is not eligible or due for screening.

**A person can not be issued another kit if they have already returned a valid test result for the current screening round.

Why age 45-74? Why not younger/older?

- Consideration of the effectiveness, cost-effectiveness and the overall **balance of benefits to risk of harm** associated with screening
- Population screening program - benefits/risks need to be weighed up in the Australian population context
- Screening people aged 45 to 74 provides the greatest health benefit on a whole-of-population basis
- People of any age experiencing symptoms or who have a significant family history of bowel cancer, should see their doctor

Benefits of screening through the NBCSP

One register for all NBCSP activity

- Invitations, skip rounds, exclusions, Medicare sweeps
- Accessible by participants and their nominated GP/practice

Participant Follow-Up Function (PFUF) team, based in Brisbane

- Follow up participants following a positive FOBT result, ensuring they consult a GP/undergo assessment as required, within set timeframes.
- **Help minimise loss to follow up.**

Free testing

- No charge for test kit (or replacement kits if required), or associated pathology testing

Eligibility for the NBCSP

- Initially broad eligibility, based on age and Medicare listing
- Now more nuance around who is eligible/skipped/excluded each screening round

Why? Program is trying to reduce over-screening and align screening invitations in line with national guidelines.

The program is currently open to Australian residents:

- aged 45-74
- with a registered postal address with Medicare/DVA
- who don't have a skip round or exclusion in place when they are otherwise next due to screen.

Skip rounds and exclusions

A person aged 45-74 may be:

- **Skipped** (for 4 years / one screening round) if they have had a recent colonoscopy (within 18 months), **in or outside of** the NBCSP.
*Medicare sweeps identify colonoscopies performed outside of the program
- **Excluded/opted off** the NBCSP if they previously screened through the NBCSP and at colonoscopy had histopathology findings that require ongoing surveillance (cancer, adenomas).
 - Surveillance is to continue outside of the program
 - Participant can be opted back into the NBCSP in future if needed.

Skip rounds and exclusions

Importantly:

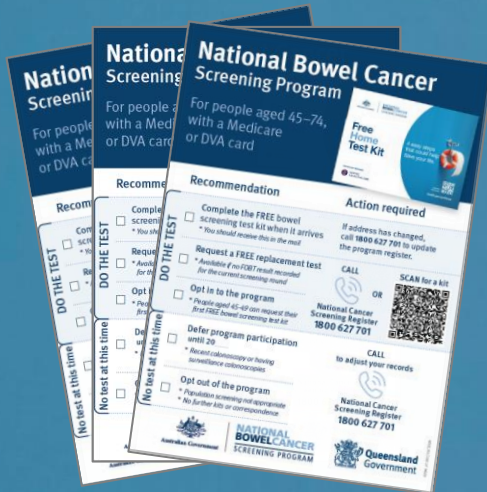
- Any skip rounds or exclusions are always communicated to the participant and their nominated GP.
- A participant (or their GP) can still request a kit, even if they are skipped/excluded.
- If there are ever any doubts about eligibility, participants can contact the National Cancer Screening Register (NCSR) on 1800 627 701 or they/their GP can look up their screening record in the NCSR.

How can practice staff help to promote screening?

- Ensure staff are familiar with the NBCSP and how to access further information if needed
- Display promotional material throughout the practice setting - posters, tear-off pads, brochures, demo kit etc
- Run a QI activity to help increase bowel screening uptake/promotion among patients
- Offer the alternate access to kits model in your practice, to be able to issue screening kits directly to eligible patients

Practice resources (QLD)

Screening recommendation
tear-off pad (GP use)



Request a kit tear-off
pad (broad use)



A selection of free
national resources
is available at
[health.gov.au/
nbcsp-resources](https://health.gov.au/nbcsp-resources)

See resource table - available to take away with you today

Key takeaways

- 45-49 year olds are now eligible for the NBCSP, need to opt in initially
- Most people aged 50-74 will be automatically invited to screen every 2 years or so, with some exceptions
 - If there is a skip round/exclusion in place, the patient will be informed, and a kit can still be requested
- There are two ways for kits to be issued through the program:
1) Mailout method; 2) Alternative access to kits model (AAM)
- Practice staff play an important role in a patient's decision to screen

Thank you!



Free Home Test Kit

4 easy steps that could help save your life.

scan for more info

health.gov.au/nbcsp

Australian Government

NATIONAL BOWELCANCER
SCREENING PROGRAM

PATHOLOGY SERVICES

SONIC HEALTHCARE

A SIMPLE BOWEL TEST COULD SAVE YOUR LIFE.

National Lung Cancer Screening Program (NLCSP) – Implementation Considerations and progress for Queensland

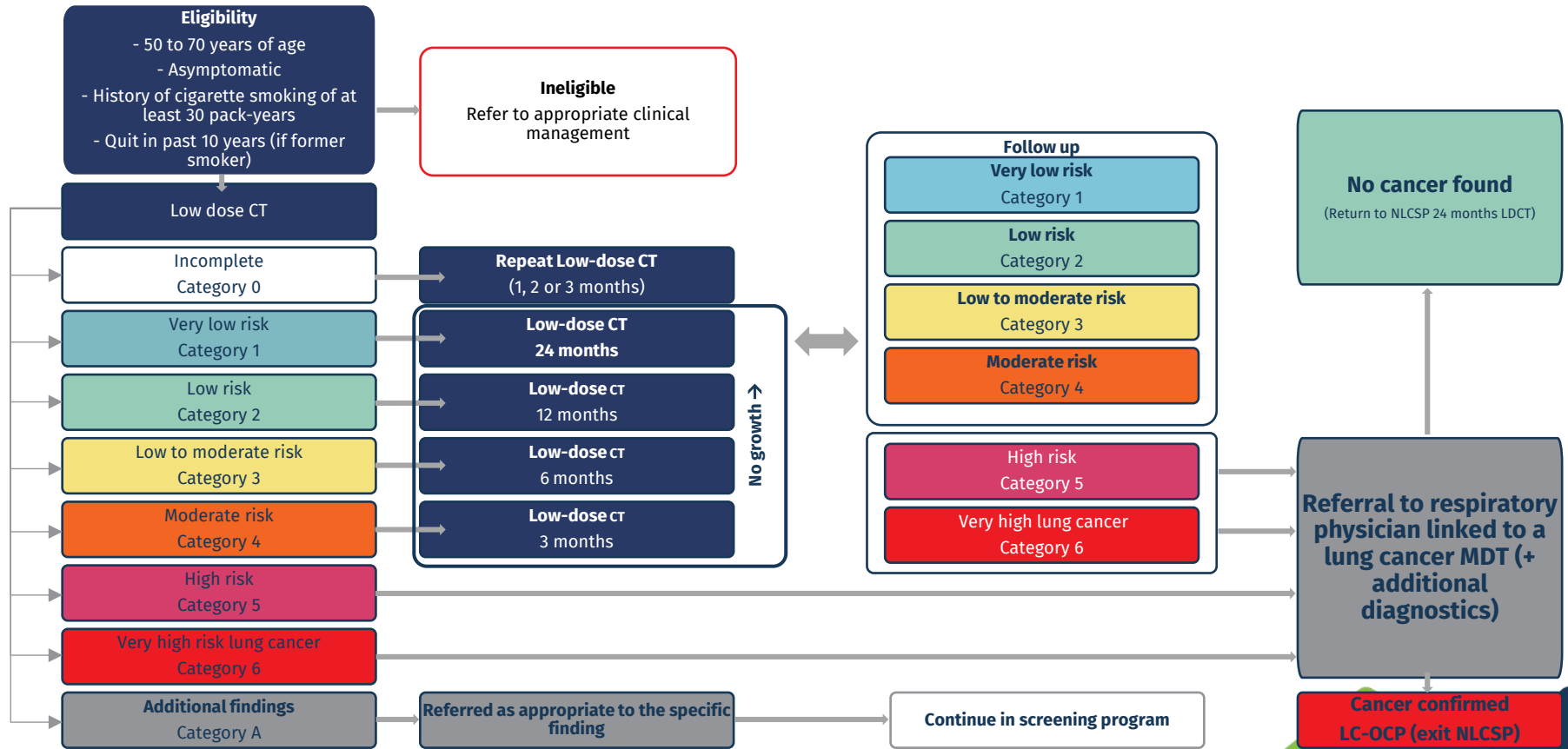
Associate Professor Glen Kennedy
Queensland Cancer Lead
Clinical Planning and Service Strategy Division
Queensland Health



Queensland
Government

Simplified NLCSP Screening Pathway

Criteria and Protocol – Start Date from 1 July 2025



Key Program Components and Current Status

Clinical

- Program Guidelines and NLCSP Nodule Management Protocol finalised.
- Workforce Information and Education Materials is being rolled out, including Radiology Sector specific training events.

Access

- Two new MBS items to be made available from July 2025 for screening services.
- Mobile Screening planning for rural and remote areas through Heart of Australia.
- Consideration for a Participant Travel Schemes in instances where mobile screening may be limited or not reach participants.

Priority Populations

- NACCHO is leading ongoing engagement with the ACCHO sector.
- Lung Foundation Australia leading engagement with priority populations other than First Nations.

National Cancer Screening Registry (NCSR)

- Amendment of the *National Cancer Screening Register Act 2016* to include lung cancer in the NCSR.
- Work is being progressed by Telstra Health on the NCSR technical build to support the NLCSP.

Public Communication Campaign

- Development of the National Communication Campaign has started with a planned launch once the Program commences.



Primary Care Readiness – GP Sector

Commonwealth Led

NLCSP Resources and Activities

- Program Guidelines and other information resources and education resources
- Lung Learning Hub hosted by LFA
- Free CPD accredited e-learning modules available
- PHN Health Pathways online information

GP Sector led

NCSR Integration

- Most practices are integrated with NCSR already as part of BAU
- Register to the NCSR Healthcare Provider Portal: NCSR user guides and video guides available here
- Integrate clinical software such as Medical Director, Communicare or Best Practice
- Telstra Health supporting GPs to integrate into general practice clinical information

Proactive Preparation: Identifying potential participants

- Utilising existing clinical software-integrated audit mechanisms
- Establishing electronic medical records (EMR)-based prompts
- Checking practice records and sending invitations
- Working with PHNs to gather information from GP software

Queensland Health Led

Communication and Engagement

- Raising awareness of the above
- The development of Models of Care to align Queensland's best practice with the NLCSP Program Guidelines will trigger the need for communication and engagement with the sector.
- GP practices will need to be well informed about the revision of the CPCs and referral pathways.



Queensland Lung Nodule Models of Care

- NLCSP is expected to significantly increase referrals to respiratory services across Queensland from 2026
- Recent work has explored ways of strengthening the capacity of MDTs and diagnostic and respiratory services, with a focus on managing lung nodules.
- It also progressed the Queensland Respiratory and Sleep Clinical Network revision of the Clinical Prioritisation Criteria (CPC) to better align with the Program's risk-based triage model, to reduce unnecessary specialist referrals and support more efficient system navigation.



Questions



Thank you



Lung Cancer Screening – New Primary Sense Report available now

Which patients are included in this report?

What data is in this report?

How do we use this report?

Which patients are included in this report?

Patients aged between 50-70yrs old marked as 'active' who have a smoking or ex smoking status recorded.

Where the year stopped can be extracted this is provided, where not available and a change is smoking status from current to ex is detected this date will be used.

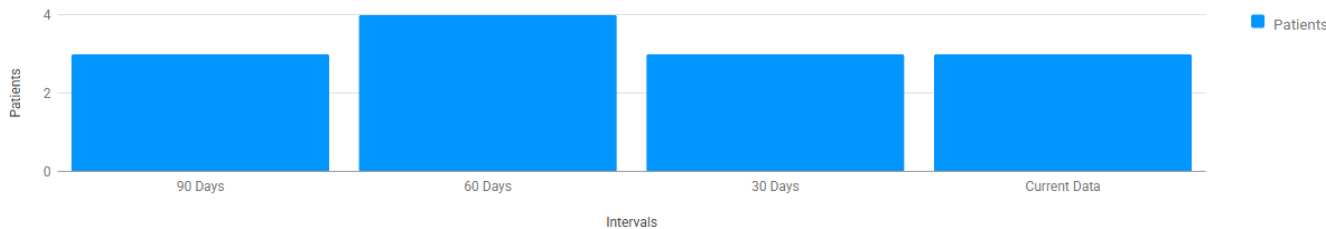
Patients with lung cancer or palliative care recorded are excluded as are patients with a nursing home item billed in the past 12 months

What data is in this report?

- Age of patients - to protect patient confidentiality, the age of all patients older than 90 years are displayed as 90+
- Smoking status
- If smoking cessation medication have been prescribed
- Date of the last low density CT scan - please note additional test names will be added to the search criteria as they become known. As higher risk patients can be scanned more than every 2 years, the last date is provided.
- Cigarette pack per year where extracted. As this may not be well coded it will be shown where available but patients wont be excluded based on this data.

Report Synopsis

Patients eligible for the National Lung Cancer Screening Program



■ Patients

All Doctors ▼

View As Columns ▼

Report-Related Data:

Patients Eligible for Lung Cancer Screening : 3

Patients With Daily Cigarettes Recorded : 2

Contact: PrimarySense@gcphn.com.au | 07 5612 5476



An Australian Government Initiative

Gold Coast Primary Health Network

**Wayne Hickson – Communications Consultant and
1972 Lindisfarne North Primary School Yo-Yo Champion**



Wait! I've been here before...





The Communications Plan

The GCPHN **Cancer Screening** Communications Plan was created last year as a key communications roadmap.

Initially, the plan focused on targeted communication strategies to support the uptake of routine cervical, bowel, and breast screening, establishing a strong foundation for a sustained and effective approach to screening engagement. It also included regular communications to build awareness and readiness for the rollout of the **National Lung Cancer Screening Program**.

As the plan evolved, its scope expanded—placing greater emphasis on reaching at-risk and underserved populations. Today, it plays a central role in driving awareness, improving access, and increasing participation in cancer screening initiatives across the region.

Our communications now span the full spectrum of Gold Coast primary healthcare, with a strong focus on the human element—highlighting stories and lived experiences that resonate with our community.





A boost to cancer screening rates on the Gold Coast...

According to the latest figures, the Gold Coast is

	Bowel cancer screening % of persons aged 50–74 (2022-23)	Breast cancer screening % of women aged 50-74 (2019-20)	Cervical cancer screening % aged 25-74 (2018-22)
National	41.7%	49.4%	68%
Gold Coast	38.1%	49.9%	63.5%



The plan in action

In an era dominated by algorithms, AI-generated content and widespread misinformation, *authenticity matters more than ever.*



That's why our website and social media channels feature **firsthand stories from real people** - patients and families sharing their lived experiences.

These stories cut through the noise, build trust, and remind us all of the **human face of healthcare**. They inform, inspire, and empower others to seek help, ask questions, and make informed decisions.

Putting faces to our campaigns



The plan in action



The plan in action



The case studies we write are distributed on our website, all our social platforms and to the general media.

Media might include the Gold Coast Bulletin, Channel 9, ABC Gold Coast and community radio stations (never underestimate their reach) and niche publications such as The Local Newsletters and Seniors News.





The Own It campaign focuses on empowerment and choice in cervical screening following the introduction of self-collection in 2022. Self-collection allows women to do their own test, in private, at their local clinic using a swab.

Own It has been developed for women who are Aboriginal or Torres Strait Islander, multicultural, sexually and gender diverse, rural and remote, or living with disability.

It's your Cervical Screening Test.

Own it.



www.OwnIt.org.au

The Own It campaign uses patient testimonials to raise awareness of testing in priority populations.

Diala



Diala put off cervical screening because her life is busy, and she didn't prioritise preventative healthcare. After finding out about the option to self-collect a Cervical Screening Test, she chose to screen for her loved ones.

"Self-swab is a convenient and comfortable option, and I can protect my health."

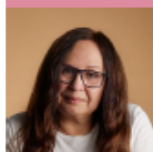
Asha



Asha thought using a self-collection swab seemed more comfortable than a speculum, but she needed help to do the test. She chose for the nurse to assist her with the self-swab at the clinic.

"Getting support with the self-collection option allowed me to have a better experience."

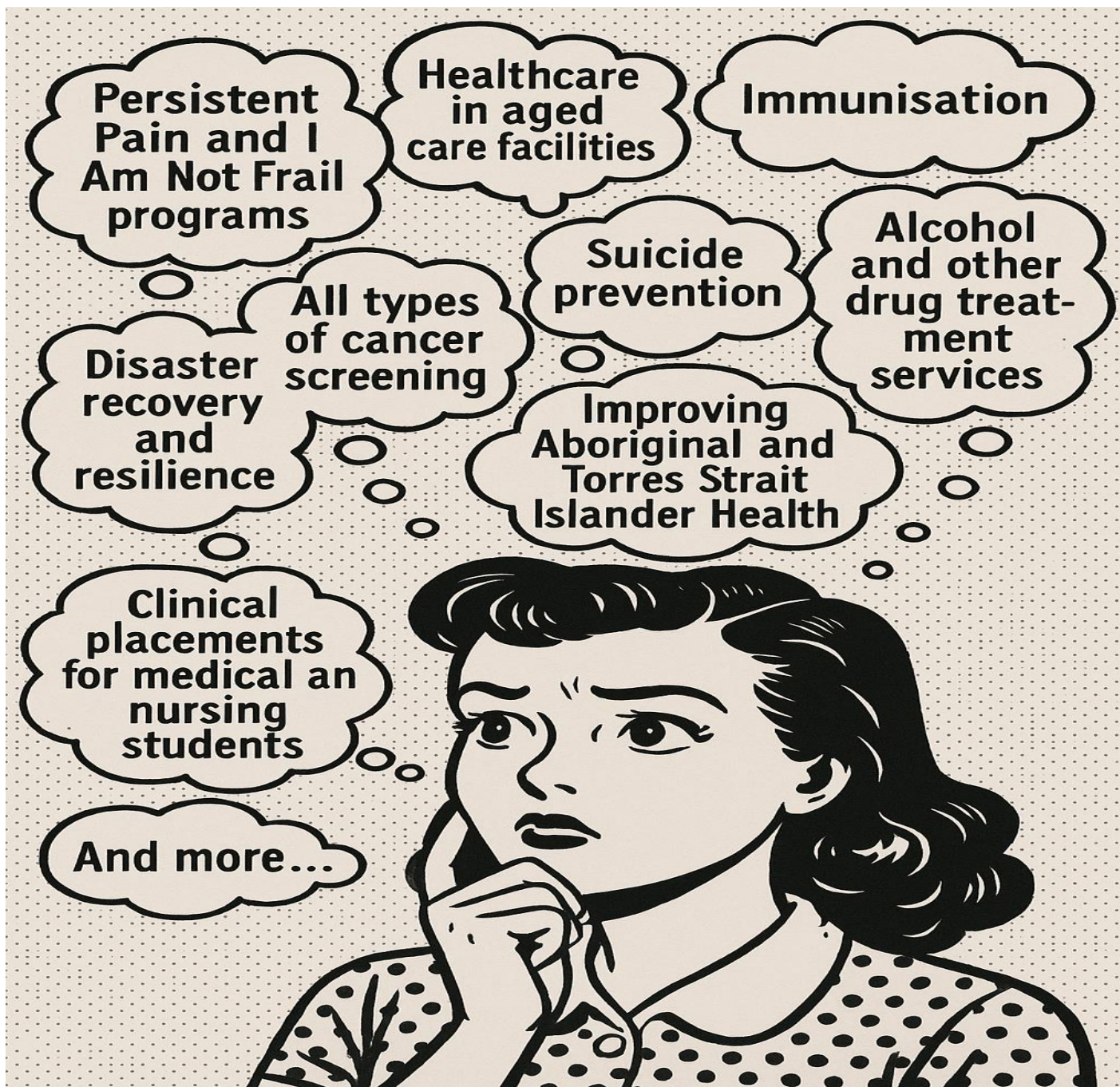
Karen



Karen didn't know she had to keep screening every 5 years until she turns 74. Once she found out that she could still get cervical cancer in her early 70s, she chose to continue screening.

"Now that I know, I'll be talking to my doctor at my next health check."







The courage to share and the power to help others

It takes real bravery to speak openly about personal health struggles, especially when the message is a warning to others.

We thank the individuals who choose to tell their stories not for sympathy, but to say:

"Learn from me. Don't wait. Ask questions. Get checked."

Their honesty can save lives, shift mindsets, and spark action.

We're proud to give their voices a platform, and to let their stories do what statistics alone cannot.



Questions?

Evaluation Survey:





An Australian Government Initiative

‘Building one world class health service for the Gold Coast

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www.gcphn.org.au

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