

# Optimising Bowel Cancer Screening through Alternative Access for Eligible Practice Patients – A Clinical Audit



## Part A: Instructions and Reflective Questions

(Submit this document back to GCPHN)

Please download and SAVE this document to your computer first before filling in your details. Once you have finished completing this document, retain a copy and submit this back to the Gold Coast PHN team at [practicesupport@gcphn.com.au](mailto:practicesupport@gcphn.com.au) to review and approve your submission for your CPD hours to be uploaded to the RACGP dashboard.

Retain a copy of your **Bowel Screening Clinical Audit – Compliance Tool** for your own record.



## Learning outcomes

By the end of this clinical audit, GPs will be able to:

1. Outline the key components of the National Bowel Cancer Screening Program (NBCSP), including the mail-out kit process and the Alternative Access Model (AAM).
  2. Assess patient data to better identify individuals eligible for bowel cancer screening, with a focus on under screened and priority populations.
  3. Identify specific barriers to screening and follow-up experienced by priority populations.
  4. Determine patient suitability for NBCSP AAM participation, in line with NBCSP clinical guidelines and eligibility criteria.
  5. Implement practice system improvements to optimise identification, follow-up and participation in bowel cancer screening through AAM for eligible patients.
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1. This clinical audit includes 4 components:
    - Optimising Bowel Cancer Screening through Alternative Access for Eligible Practice Patients

# Optimising Bowel Cancer Screening through Alternative Access for Eligible Practice Patients – A Clinical Audit

- Bowel Screening Clinical Audit – Compliance Tool (this is your working document for each patient, retain for your records).
- GP Evaluation Form
  - [Pre-evaluation survey](#)
  - [Post-evaluation survey](#)



*The following resources need to be reviewed by the GP prior to commencing the audit.*

2. Conduct mandatory reading on Alternative Access Model (AAM) and the role of health professionals in the National Bowel Cancer Screening Program (NBCSP):
  - [The role of health professionals in the National Bowel Cancer Screening Program | Australian Government Department of Health, Disability and Ageing](#)
  - [Alternative access to bowel screening kits training guide | DoHDA](#)
3. Best practice guidelines:
  - [Clinical guidelines for the prevention, early detection and management of colorectal cancer | Cancer Council](#)
4. Review videos:
  - [Bp Premier: Navigating the NCSR Hub](#) OR [MedicalDirector: Navigating the NCSR Hub](#) (2 mins)
  - [Bp Premier: Bowel Screening – Issuing a bowel screening test kit to a patient](#) OR [MedicalDirector: Bowel Screening – Issuing a bowel screening test kit to a patient](#) (4 mins)
5. Practice Manager to ensure the National Cancer Screening Register (NCSR) is downloaded and integrated with practice clinical software.
6. Using the NCSR or practice clinical software, prepare a list of 10 patients per GP, of patients who've had a bowel screening test in the last 12 months.
7. GP to document on **Part B: Audit Checklist** and refer to guidelines/standards provided in step 2 and 3 above.
8. From the initial audit, GP to document:
  - Eligibility for bowel cancer screening.
  - Whether the patient was a part of a priority patient population or an under screened individual.
  - Whether the patient's results were documented correctly, and whether appropriate follow-up was conducted.
9. GP to complete cycle 1 reflection questions below.
10. GP to present findings at a practice meeting with at least one other GP in attendance, plus a practice manager and practice nurse. Minutes of the practice meeting should be recorded to document the agreed changes and assign who is initiating the changes required based on the team discussion.
11. Implement agreed changes based on findings from **Cycle 1 – clinical audit**.
12. Identified patients requiring review or action are recalled and seen by a GP or nurse.

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## Cycle 2

1. PM or practice nurse to identify patients due/overdue for bowel cancer screening using Primary Sense report: **Bowel and Breast Cancer Screening** and filtering out patients who are due for breast screening only.
2. From the list, GP to identify 10 patients due/overdue for bowel cancer screening and review eligibility for the NBCSP based on guidelines/standards and patients' history:
  - Aged 45-74
  - Asymptomatic
  - At an average risk based on their family history (category 1)
    - i. No first or second-degree relatives with colorectal cancer OR
    - ii. Only one first degree relative diagnosed with CRC at age  $\geq 60$  years
3. Patients identified as eligible for NBCSP screening should be flagged and offered this test during the consultation.
4. Patients identified as requiring review or action for bowel cancer screening are recalled as per practice recall and reminder policy and procedure.
5. GP to document using **Part B: Audit Checklist** (1 per patient) for cycle 2.
6. GP to document Cycle 2 overall reflections on bowel cancer screening for the cohort of patients recalled and offered AAM during consultations.
7. GP, practice nurse and practice manager to develop a plan to implement the change/s (if any identified) based on the results from Cycle 2 and discuss the improved policy/process system in a team meeting to confirm changes and refine further improvements to be made in the practice. Don't forget to document in meeting minutes.
8. GP to complete the post-evaluation form via SnapForms (link or QR code) and return this booklet back to GCPHN as RACGP evidence.



9. GCPHN to submit record of participation to RACGP and provide certificate of completion.

# Optimising Bowel Cancer Screening through Alternative Access for Eligible Practice Patients – A Clinical Audit

## Cycle 1: Post-Audit Reflection Questions

1. Were there any unexpected gaps in care identified?
2. What changes can be implemented to address the gaps in care?
3. Of the under-screened patients identified, are there any specific culturally appropriate resource that would be helpful to improve engagement? How will the AAM be promoted or offered differently to these groups?
4. Are there any other changes or improvements that will be implemented because of this audit?

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## Cycle 2: Post-Audit Reflection Questions

1. Were there any further unexpected gaps in care identified with this process?
2. What were your overall learnings from this audit?
3. Reflecting on your under-screened patients in your practice (e.g., priority populations or those overdue) what is the most common barrier, and did an opportunistic discussion and offer of a screening kit from you (rather than the traditional mail-out method) make a difference?
4. Are there any other changes or improvements that will be implemented because of this audit (including practice systems and processes)?