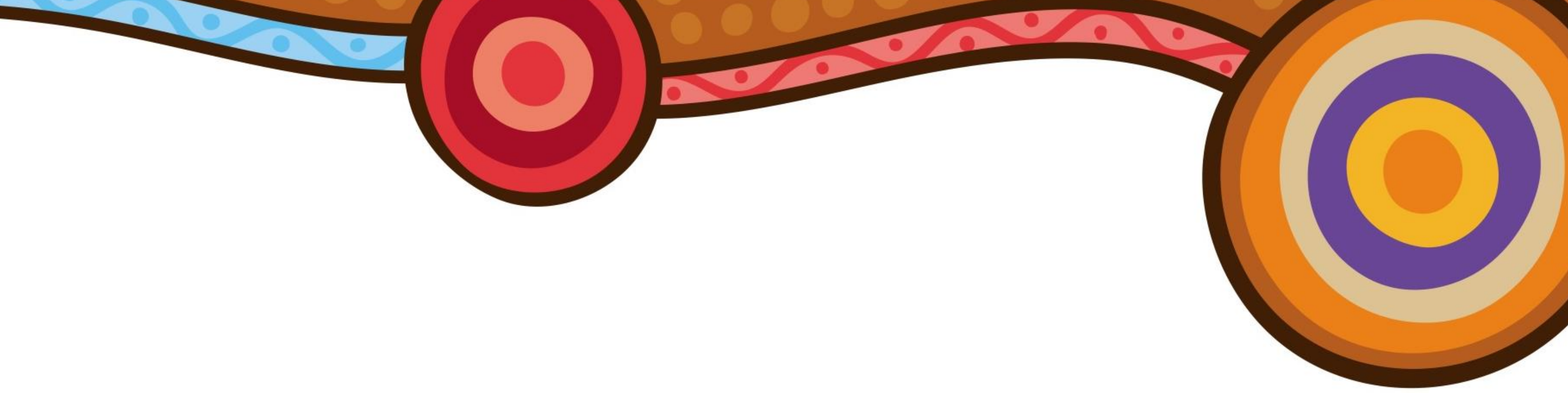


Australian Government

The Alternative Pathway in your Health Centre

A manual for getting started

The National Indigenous Bowel Screening Pilot

2018 and 2019

Prepared by Menzies School of Health Research

NATIONAL BOWELCANCER SCREENING PROGRAM

menzies school of health research

Prepared by:

National Indigenous Bowel Screening Project Team

Menzies School of Health Research

In the spirit of respect, Menzies School of Health Research acknowledges the people and the elders of the Aboriginal and Torres Strait Islander Nations who are the traditional owners of the land and seas of Australia. Aboriginal and Torres Strait Islander people are respectfully referred to in this document as Indigenous Australians.

Acronyms

ACCHOS	Aboriginal Community Controlled Health Organisations, also often known as Aboriginal Community Controlled Health Services (ACCHSs) or Aboriginal Medical Services (AMSs)
AIHW	Australian Institute of Health and Welfare
DHS	Australian Government Department of Human Services
GP	General Practitioner
HL7	Electronic format for receiving pathology results
iFOBT/ FOBT	Immunochemical Faecal Occult Blood Test - the test used by the National Bowel Cancer Screening Program
IHW	Indigenous Health Worker/Practitioner
NBSCP	National Bowel Cancer Screening Program
PFUF	Participant Follow-Up Function
PHC	Primary Health Care
PHN	Primary Health Network

Contents

An Alternative Pathway for bowel screening for Indigenous Australians

Background

The Alternative Pathway is a new option being piloted for Indigenous Australians to access the National Bowel Cancer Screening Program (NBCSP) through primary health care (PHC) centres.

- Bowel screening can help detect changes to the bowel early (with a simple test that detects tiny amounts of blood in the poo), long before a patient notices any signs of bowel cancer.
- The NBCSP offers free bowel screening to Australians aged 50-74. Bowel screening kits are mailed directly to eligible people who have been identified from Medicare or Department of Veterans' Affairs records.
- The participation rate of Indigenous people in the NBCSP is estimated at 19.5 per cent, compared to 42.7 per cent of non-Indigenous Australians (AIHW 2018a).
- The Alternative Pathway for the NBCSP is being piloted to encourage more Indigenous Australians to do the bowel screening test, find bowel changes early and save lives.
- Health centres taking part in the National Indigenous Bowel Screening Pilot will offer kits to their Indigenous patients aged 50-74 for 12 months from November 2018.

About this manual

To offer the Alternative Pathway each health centre will need to set up simple procedures to maintain quality and safety standards and ensure staff are equipped to talk with patients about bowel screening and the NBCSP.

This manual sets out how to prepare for and deliver the Alternative Pathway. It is structured to provide firstly a concise overview of what is required during the preparation and delivery stages of offering the Alternative Pathway, with full details provided in the ***Topics*** section.

The manual is also available online at www.indigenousbowelscreen.com.au, with hyperlinks between sections for ease of access.

What will the Alternative Pathway require of a health centre?

To offer the Alternative Pathway, the staff of a health centre staff will collectively need to:

Table 1: Requirements for offering the Alternative Pathway

	✓
Have an understanding of the NBCSP and the Alternative Pathway.	☐
Set up procedures to identify and invite patients to screen.	☐
Safely and securely manage the storage and distribution of kits.	☐
Record bowel screening assessments and invitations to screen, by completing and submitting a secure Online Form for each eligible patient assessed for bowel screening. For any patient who accepts a kit, print their form for return with their samples.	☐
Encourage and assist patients to maintain up to date Medicare contact details so they receive results and receive reminders to do the test and future invitations from the Register.	☐
Assess a patient’s suitability for NBCSP screening (in relation to risk factors and bowel screening undertaken in the last 2 years).	☐
Talk with patients about bowel screening and show them how to do the test using the NBCSP kit.	☐
Ensure arrangements are in place to receive patient results from the NBCSP pathology provider, Sonic Healthcare.	☐
Answer patient questions about bowel cancer, bowel screening and colonoscopy.	☐
Follow up patients who receive a positive, inconclusive or no result.	☐
Be familiar with the pathway to colonoscopy in your region.	☐
Advise and assist patients who are referred for colonoscopy or treatment.	☐
Identify barriers to screening that may affect patients, and how these might be reduced or overcome over time.	☐
Complete the Quality and Safety Checklist.	☐

Why is bowel screening important?

Bowel cancer is one of Australia's most common cancers. It is the third most common cancer affecting Indigenous Australians, after lung and breast cancer.

Bowel cancer is one of few cancers that can be detected in its pre-cancerous stage. If detected early, bowel cancer can usually be successfully treated. But bowel cancer often has no obvious signs or symptoms until it reaches a late stage, and by then the chances of survival are very low.

Bowel screening programs aim to reduce the mortality and morbidity from bowel cancer by detecting changes in the bowel long before symptoms would be noticed.

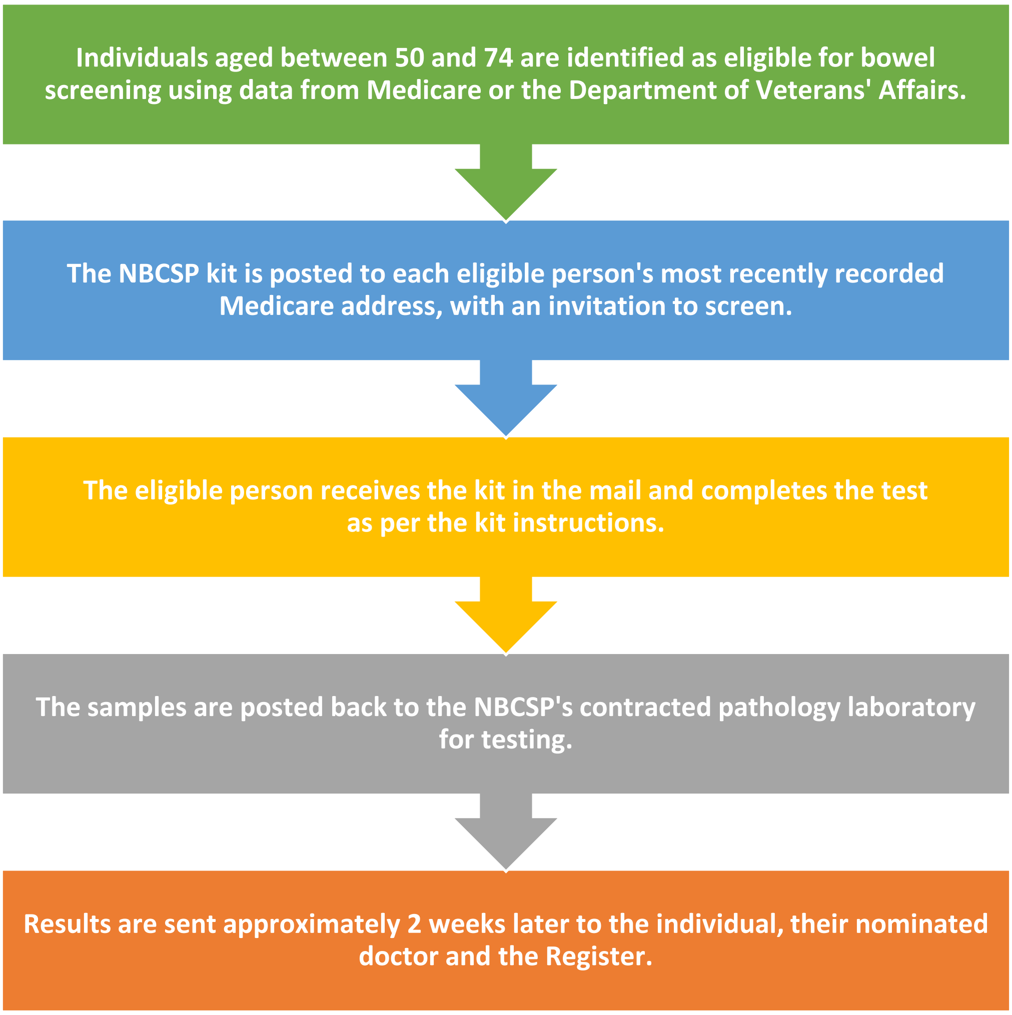
In 2017, Indigenous Australians were less likely to survive a diagnosis of bowel cancer than other Australians (five year survival rates are 58% compared with 67%, AIHW 2018b). But only one in five eligible Indigenous patients (aged between 50 and 74) currently do a bowel screening test (AIHW, 2018a). This means four out of five Indigenous Australians are missing out on a simple test that could save their lives.

The National Bowel Cancer Screening Program (NBCSP) and Alternative Pathway

The NBCSP mails free bowel screening kits to eligible Australians aged 50-74 who have been identified from Medicare or Department of Veterans' Affairs records. From 2020, the NBCSP will invite all eligible Australians aged 50-74 to screen every two years.

The usual pathway for the NBCSP

The usual pathway is the way that the NBCSP is offered normally. Invitees are mailed a kit to complete at home (Figure 1). Each participant needs to take two samples of poo, and post the samples to the NBCSP's contracted pathology laboratory. *See also* ***Appendix A: Usual pathway for the National Bowel Cancer Screening Program.***



Individuals aged between 50 and 74 are identified as eligible for bowel screening using data from Medicare or the Department of Veterans' Affairs.

The NBCSP kit is posted to each eligible person's most recently recorded Medicare address, with an invitation to screen.

The eligible person receives the kit in the mail and completes the test as per the kit instructions.

The samples are posted back to the NBCSP's contracted pathology laboratory for testing.

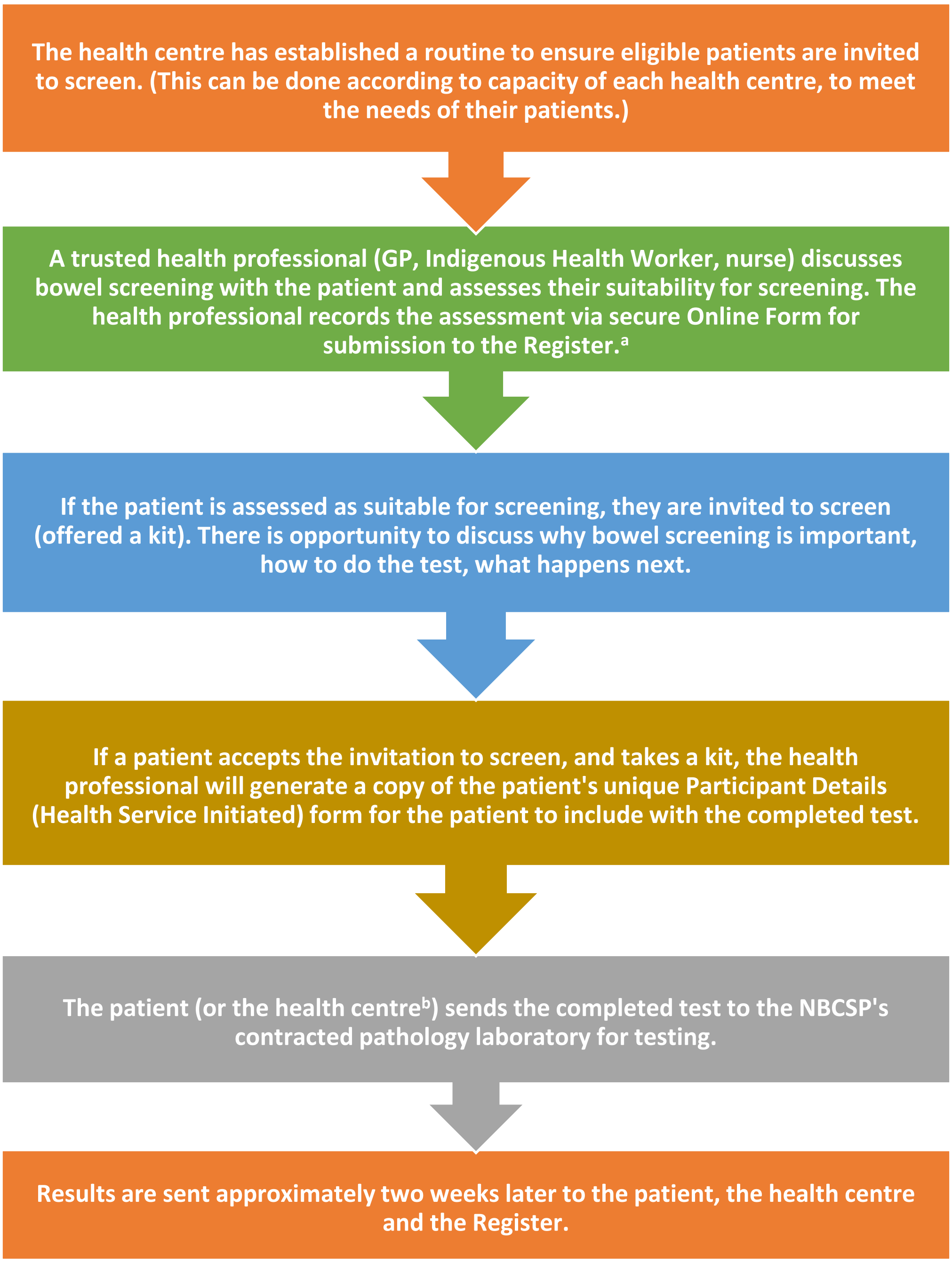
Results are sent approximately 2 weeks later to the individual, their nominated doctor and the Register.

Figure 1: The usual pathway for participation in the NBCSP.

How does the Alternative Pathway differ?

Evidence and consultations have indicated that many of the barriers to bowel screening through the NBCSP can be addressed by making a change in the way Indigenous Australians receive the screening kit. Instead of getting the kit in the mail, the Alternative Pathway provides an option for patients to receive the kit from a trusted health professional at their local health centre (Figure 2).

A GP, nurse or Indigenous Health Worker/Practitioner can explain why the test is important, and demonstrate how to use the kit. Health centres may also be able to address any particular local issues, such as problems with storing and transporting the samples in hot weather, or local cultural concerns.



The health centre has established a routine to ensure eligible patients are invited to screen. (This can be done according to capacity of each health centre, to meet the needs of their patients.)

A trusted health professional (GP, Indigenous Health Worker, nurse) discusses bowel screening with the patient and assesses their suitability for screening. The health professional records the assessment via secure Online Form for submission to the Register.[a]

If the patient is assessed as suitable for screening, they are invited to screen (offered a kit). There is opportunity to discuss why bowel screening is important, how to do the test, what happens next.

If a patient accepts the invitation to screen, and takes a kit, the health professional will generate a copy of the patient's unique Participant Details (Health Service Initiated) form for the patient to include with the completed test.

The patient (or the health centre[b]) sends the completed test to the NBCSP's contracted pathology laboratory for testing.

Results are sent approximately two weeks later to the patient, the health centre and the Register.

Figure 2: The Alternative Pathway for the NBCSP.

Notes:

a. The health professional informs the patient of who will receive this information and how it may be used, and seeks their consent to submit it.
b. Some health centres may assist patients with storage and/or transporting samples for testing.

The table below illustrates the main components of the NBCSP and the way in which some functions differ under the Alternative Pathway. It also shows the points in which primary health care centres take on some of the roles normally filled by other components of the NBCSP to provide a more user friendly ‘pathway’ of access for Indigenous people.

Table 2: Main components of the NBCSP and how they differ under the usual and Alternative pathways.

Component	**NBCSP usual pathway**	**Alternative Pathway**
Invitation Process	The Register invites people by: • sending a letter inviting people aged 50-74 to screen, from names and contact details provided from the Medicare and Department of Veterans’ Affairs databases; • mailing invitees an NBCSP bowel screening kit and personalised Participant Details form.	Participating health centres will invite people by: • inviting Indigenous patients aged 50-74 to screen as part of routine practice. To make sure the invitation to screen is documented, health centre staff will need to: • complete a secure Online Form for each patient assessed for bowel screening, even if they are not provided with a kit. This will also make sure that the Register will activate all its normal alerts for follow up as for the usual pathway; • seek consent from their patients for the information on this form to be submitted to the Register and the Program’s Pathology Provider, and explain that the information may be used to provide the patient with screening reminders, future invitations, results and follow up, as well as to monitor and evaluate the Program; and • print a copy of the Online Form for each patient who accepts an NBCSP screening kit to return with their completed test.

The Register	The Register: - sends reminders to people who have not returned their completed test within eight weeks, or do not attend for a GP appointment and/or colonoscopy after a positive result; and - captures data about screening participation and outcomes to provide a picture of the population health impact of the NBCSP.	The Register: - sends reminders to people who have not returned their completed test within eight weeks, or do not attend for a GP appointment and/or colonoscopy after a positive result; and - captures data about screening participation and outcomes to provide a picture of the population health impact of the NBCSP.
The Kit	The NBCSP uses an immunochemical Faecal Occult Blood Test (iFOBT), a non-invasive test that detects microscopic amounts of blood. The screening process involves collecting and testing two separate samples of faeces (from two different bowel motions). The iFOBT test does not detect cancer – it detects blood, which can be a sign of cancer or changes in the bowel that could lead to cancer.	The same kit is used, although health centres will receive colourful stickers for the front of the kit, and a plain language/visual instruction brochure that can be provided to patients with the kits.

The Laboratory	The NBCSP contracts out the supply of kits and testing of samples to a pathology service (Sonic Healthcare – Sonic), which: • provides a regular supply of kits for use in the program; • tests the completed samples; • reports positive and negative results to participants, their nominated doctors, and the Register; and • reports inconclusive and no results to the Register to allow a replacement kit to be sent.	Sonic will test all samples for the Alternative Pathway, as they do for the usual pathway. They will also: • provide an initial supply of kits directly to National Pilot health centres; and • provide all patient results to the health centre electronically and/or in hard copy (unless the patient requests otherwise): positive, negative and inconclusive and no results. Special arrangements have been made for the inconclusive and no results to be provided to health centres for the National Pilot – this does not occur in the usual pathway. Health centre staff will be able to follow up with their patients and explain the results and what happens next. • Additional kits can be ordered from Sonic if needed.

Primary health care (PHC) sector	The role of PHC health professionals in the NBCSP has been mainly to assess patients who receive a positive test. Increasingly, GPs are also encouraging patients to do the test when they receive it in the mail. Anyone who receives a positive NBCSP test result is advised to see a GP for assessment to see if they should have a further diagnostic test such as colonoscopy, or treatment. GPs are required to submit a GP Assessment form to the Register after seeing a patient with a positive result. If referred for a colonoscopy, the referral should be identified with an NBCSP sticker. An information payment of $7.70 including GST is available for submitting the GP Assessment Form.	The role of PHC health professionals is expanded under the Alternative Pathway, with much greater involvement in the stages of invitation and preparation for screening. This is in keeping with the principles of comprehensive primary health care. Once a patient’s results are received, health centres have the same duty of care as under the usual pathway. This includes following up with patients with a positive result and referral for colonoscopy if required. GP Assessment forms are provided to the health centre with the positive result. Colonoscopy referral stickers will be provided in your resource package. Depending on health centre capacity, the PHC role may extend to following up with patients about Medicare enrolment or address details, mailing or offering storage for samples, encouraging completion of the test, and/or explaining test results.

Diagnosis and treatment	Patients who receive a positive result and who are referred on for diagnostic tests (colonoscopy) or treatment after screening will be using either state/territory health services or private health services. Each state and territory organises colonoscopy services differently: in some areas there may be a lengthy waiting time for colonoscopy; private services may incur fees even for those who have private health insurance.	Timely access to colonoscopy is a critical question that health centres should clarify in preparing to offer the Alternative Pathway. Your health centre will probably have its own processes for informing or helping patients to navigate the pathways for testing or treatment carried out in other parts of the health system, including travel and accommodation if needed. Patient assisted travel schemes may be able to assist if a patient needs to travel for testing or treatment – these schemes also differ in each state and territory. Other sources of help might come through the Integrated Team Health Care program (usually administered by Primary Health Networks (PHNs)). Hospitals and cancer treatment centres may also be able to provide assistance, depending on what is needed. If you need help in finding out about these services please ask the Menzies Project Team for contacts in your jurisdiction.
Follow up after positive test result	State and territory health services employ Participant Follow Up Function (PFUF) officers who follow up any NBCSP participant who received a positive result but has either not seen a GP for assessment, or has been referred for colonoscopy but not booked or had that test. Approximately 11.1% of Indigenous participants in the NBCSP get a positive result, compared to 8% for the non-Indigenous population (AIHW 2018).	Health centre staff should follow up with any patient who receives a positive result but has not seen a GP for assessment in line with the practices usual protocols/duty of care. If a patient has not had a GP assessment recorded on the Register two months after a positive result, the Register will issue a reminder letter to the patient and the health service. If there is no visit by three months the patient and the health centre may be contacted by a PFUF officer. Where required, health centre staff may provide participant-specific or local information to assist PFUF officers to deliver culturally safe and effective follow up.

Preparing to offer the Alternative Pathway

Overview

The National Pilot includes approximately two months for health centres to prepare to offer the Alternative Pathway and complete the Quality and Safety Checklist in order to receive NBCSP kits for distribution. Health centres will then have 12 months when they can give out NBCSP kits to their eligible patients.

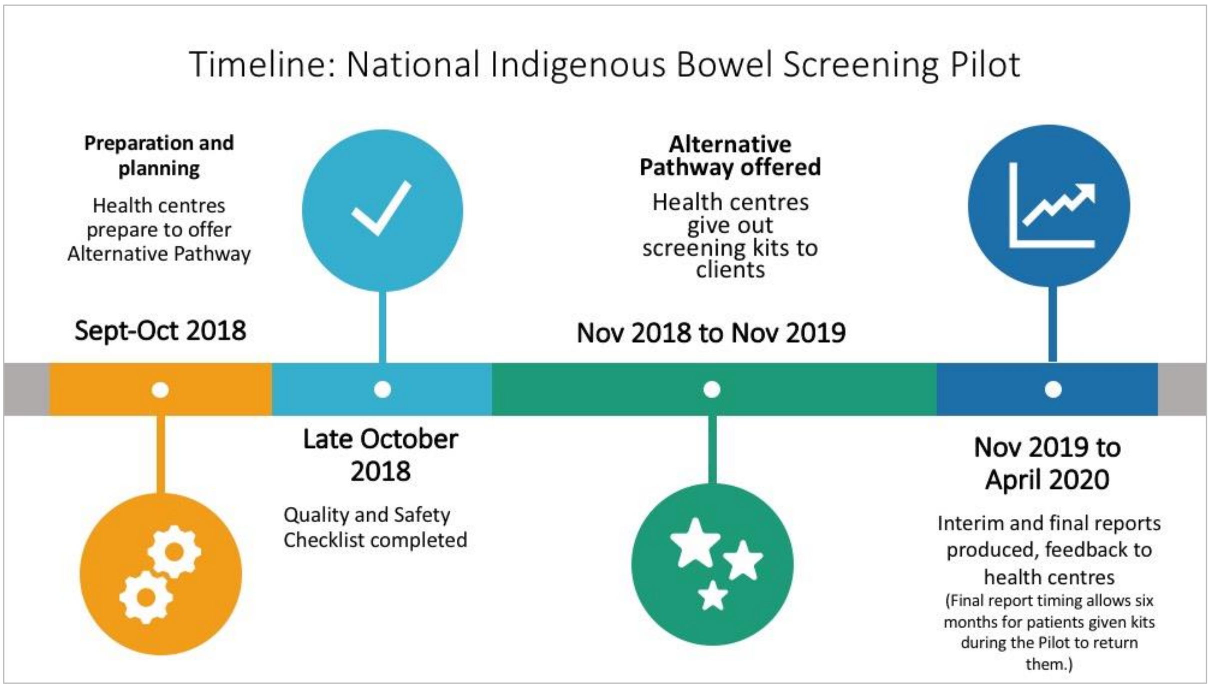


Figure 3: Timeline of National Indigenous Bowel Screening Pilot.

Resources to help with preparation

The National Pilot provides resources to help health centres prepare to offer the Alternative Pathway – these resources are included in this manual and on the website. They include:

Appendix A	NBCSP flowchart (usual pathway)
Appendix B	Alternative Pathway flowchart
Appendix C	Checklist for talking with your patient about doing a bowel screening test
Appendix D	Implementation planning tools
Appendix E	Education and training resources
Appendix F	Resources for use with Indigenous community members
Appendix G	Getting test results from Sonic
Appendix H	Potential sources of revenue
Appendix I	National Indigenous Bowel Screening Pilot Key Contacts

Preparation phase

(September and October 2018)

The preparation phase (approximately two months) will include:

- Setting up routine procedures to manage the core components of the Alternative Pathway;
- Identifying local barriers to bowel screening and deciding on which if any optional activities the health centre might offer;
- Preparing staff; and
- Completing the Quality and Safety Checklist and submitting it to bowelscreening@menzies.edu.au.

Set up routine procedures

To offer the Alternative Pathway, health centres will need to make arrangements that cover:

1. Management and storage of NBCSP kits

The iFOBT kits used in the NBCSP are heat sensitive and have an expiry date. *(See **Topics: NBCSP Screening Kits** for more detail.)*

2. Recording patient invitation and participation

The secure Online Form, that is the *Participant Details (Health Service Initiated) Form*, must be completed for every patient assessed/invited for bowel screening through the National Pilot. For any patient who accepts a kit, a longer version of the form **must be printed out and provided to patients** to return with their samples. This is very important to ensure that their samples can be identified when received by the lab *(See **Topics: Online Form** for more detail.)*

3. Pathology

The NBCSP contracted pathology provider is Sonic Healthcare. Sonic will send results directly to the patient and the health centre, unless the patient requests otherwise. Results can be received by health centres electronically and/or in hard copy letter. *(See **Topics: Results**.)*

4. Management of patient follow up

The NBCSP includes follow up at the following points along the screening pathway:

- if a kit has been issued but samples have not been returned to the laboratory for analysis within eight weeks.
- when a positive test result has been received, but no GP assessment or (where referred) colonoscopy details have been reported to the Register.
  (See Topics: Results; Follow up for more detail).

This follow up will remain in place for participants who screen through the Alternative Pathway. Health centres may wish to offer additional forms of follow up for their patients.

5. Timely access to colonoscopy

Patients who receive a positive test usually require a colonoscopy, which may involve costs, travel and psychological or social stresses for the patient. These may also place additional demands on the health centre. *(See Topics: Colonoscopy for more detail).*

6. Privacy and confidentiality

Patients may have concerns about the protection of their privacy around bowel screening. There are consents required in submitting the Online Form. There are privacy rules governing the NBCSP and the sharing of personal health information. Health centres will have their own ways of managing confidentiality in-house. Local social or cultural factors may need to be taken into account. *(See Topics: Online Form; and Information Sheets for GPs and Health Workers for more detail.)*

Local barriers and optional activities

Health centres may offer optional activities to address local barriers to screening. (*See Appendix D: Implementation Planning Tools to help identify barriers.)* These might include:

- Offering to store or post patients' collected samples;
- Providing follow up in addition to the usual duty of care for patients who need to see their GP after getting a positive test result, for example, following up on uncompleted tests or inconclusive or no results;
- Promoting awareness of bowel cancer and bowel screening more broadly in the community. This activity may vary over time, depending on the level of awareness in the community and staff capability. The National Pilot provides some promotional resources to get started. (See *Appendix F: Resources for use with Indigenous community members*);
- Setting up quality improvement processes to plan and track progress in increasing participation in the NBCSP by Indigenous patients;

- Other activities that encourage Indigenous patients to screen or address barriers to bowel screening, including for sub-groups of the population with particular needs or interests; and

- Supporting local champions who will talk up the importance of bowel screening.

Preparing staff to offer the Alternative Pathway

Many PHC staff may be unfamiliar with the details of the NBCSP, as it has had relatively little involvement from the PHC sector until recently. Consultations found that some health professionals are not confident in talking to Indigenous patients about bowel screening. Some GPs were worried they might cause offence. Some Indigenous Health Workers/Practitioners were concerned about cultural protocols, and some felt they did not know enough about bowel cancer and bowel screening to provide community members with accurate information.

Appendix E: Education and Training Resources provides information about the materials and learning opportunities available through the National Pilot. The indigenousbowelscreen.com.au website includes links to these and other health professional training resources from other organisations.

Completing the Quality and Safety Checklist

The Quality and Safety Checklist (QSC) **must be completed satisfactorily** and returned to the Menzies Project Team before your health centre will be able to offer NBCSP kits to your patients.

The QSC will help you to identify any quality and safety risks associated with the Alternative Pathway and identify strategies to help address those risks. It will help to ensure the protection of patients, staff and your health centre, and support quality implementation of the Alternative Pathway through the National Pilot.

Offering screening to patients

(12 months from November 2018)

Once a health centre has successfully completed the QSC, staff will be authorised to start distributing kits to their eligible Indigenous patients. Activities during the remaining 12 months of the National Pilot will include the following.

Discussing bowel screening with patients

Appendix C: Checklist for talking with your patient about doing a bowel screening test lists the items to be covered when a patient is invited to screen. (These activities do not all need to be carried out by one health professional.)

- Check patient details (Medicare number, date of birth, address).

- Assess eligibility and suitability for screening.

- Explain about bowel screening (including risks and benefits).

- Explain and demonstrate how to do the test.

- Complete the online Participant Details (Health Service Initiated) form; print a copy for any patient who accepts a kit, to include with completed samples.
- Write the patient's name and date of birth on the collection tubes in the kit and remind them to write the date on when they complete the samples.
- Update patient's medical record.

Carrying out and maintaining other routine activity

This will include patient follow up, management of kits, awareness raising and health promotion and/or other optional activities, as decided during the preparation phase.

Reviewing progress and modifying activity if necessary (quality improvement)

The Australian Institute of Health and Welfare (AIHW) will provide estimated rates of participation by Indigenous people in the NBCSP prior to the National Pilot, for areas in which participating health centres are located. These figures will not be directly translatable to the participation rates of health centre patients but provide an indicator of the background level of participation. Health centres will receive summaries of the number of patients invited and number who have completed the test during the course of the National Pilot, which can be used for quality improvement purposes.

Provide brief reports to Menzies about health centre activity and changes in the environment; take part in evaluation interview.

Menzies will not receive any personal health information about patients – this information will only be handled by those who normally have access to it under the NBCSP. Participation rates will be calculated by the AIHW.

The evaluation of the National Pilot will also look at the acceptability, feasibility, sustainability and transferability of the Alternative Pathway approach, and whether these differ for health centres of different types, location, sizes, etc.

Health centres will be asked to complete a six-monthly report on their activity around bowel screening and any changes in the health centre's internal or external environment since the start of the National Pilot.

Menzies will carry out semi-structured interviews with health centre staff as part of the evaluation of the National Pilot.

Topics

Screening kit

About the kit

The NBCSP uses an immunochemical Faecal Occult Blood Test (iFOBT), a non-invasive test that detects microscopic amounts of blood. The screening process involves collecting and testing two separate samples of poo (from two different bowel motions). The iFOBT test does not detect cancer: it detects blood, which can be a sign of cancer or changes in the bowel that could lead to cancer.

The same kit is used for both the usual and alternative pathways to NBCSP screening.

Management and storage of kits

The iFOBT kits used in the NBCSP are heat sensitive and have an expiry date. Health centres will receive a supply of 60 NBCSP kits at the start of the Pilot.

To ensure kits and samples held at the health centre remain viable:

- Store unused iFOBT kits out of direct sunlight and at a temperature between 2 and 30 degrees Celsius;
- Monitor kit expiry dates; the initial supply of kits should not expire before the end of the National Pilot. The expiry date is printed on the back of each kit – as well as the location of the lab which it will be sent to in the reply paid envelope once completed. For example, 'Mar 2019 SYD'. The expiry date is also marked on the collection tubes.
- If re-orders are required, keep the numbers small.
- If you have kits left over at the end of the National Pilot, please feel free to clearly mark these as 'sample only' and use as demonstration kits.
- If your health centre offers to store or post completed samples for patient, make sure the samples are stored in a refrigerator (not the freezer) until they are posted;
- The iFOBT test is very accurate in detecting blood. However, the blood in the samples will decay over time and if exposed to heat for extended periods of time, which may mean that blood may not be detected. To avoid this:
    - Make sure samples are posted to the pathology laboratory as soon as possible. Samples must reach the pathology laboratory within 14 days of the first sample being taken. It is recommended that the samples are posted within 7 days of taking the first sample.
    - Minimise the risk of samples being exposed to temperatures of 30 degrees and over when posting.

- The sensitivity of the screening test to heat means that kits are not sent out to many parts of Australia during the hotter months (referred to as ‘hot zones’). For some areas, this may limit screening invitations to just a couple of months. Your health centre will be notified if they are affected by the Hot Zone policy. For the Alternative Pathway, this barrier could be addressed if health centres can find a way to transport samples safely to the Sonic laboratory for their patients. *(See Topics: Hot Zones for more detail.)*

How to order kits

If kits have expired, or you need additional kits:

- Contact the Sonic NBCSP Healthcare Provider Hotline on 1800 957 177 or email NBCSP_kits@sonichealthcare.com.au

- The first supply of kits received by health centres for the Alternative Pathway will have a colourful sticker applied to the front. If services require additional kits during the 12 month period these later orders will have the stickers supplied but not applied.

- If a patient doesn’t receive a result from their test or it was inconclusive, they will need to repeat the test. You do not need to issue the person with another kit; they will automatically be sent another kit in the mail within a few weeks of the health centre receiving the inconclusive or no result.

Demonstrating the kit to the patient

Showing the patient what is in the kit and how to take the samples can help to reduce their fear and worry.

What is in the kit?

- Two (2) x toilet liners

- Two (2) x collection tubes

- One (1) x ziplock bag

- One (1) x Reply Paid envelope.

What needs to be provided to the patient with the kit?

If a patient accepts a kit they need to be provided with:

- Their unique personal copy of the *Participant Details (Health Service Initiated)* form generated and printed by the health professional who has offered screening.
- The test kit. Note: It is very important that the collection tubes have the patient's name and date of birth written on them, in case a patient forgets to include the Participant Details form when they post back the samples. Patients with poor eyesight or likely to have trouble writing may find it difficult to write on the collection tube. It is recommended health centre staff write the patient's name and date of birth on the collection tubes before giving the kit to the patient, and remind the patient to write the date the samples are taken **on the tubes and on the form** before posting them back to the lab. If no date is provided they may be asked to do the test again.
- The NBCSP Information Booklet.
- Optional: The Alternative Pathway colourful instructions for How to Do the Test.

Gloves

Consultations carried out for the Alternative Pathway included feedback that gloves should be provided with the kit. However, there were also concerns that providing gloves might discourage participation by suggesting that the test involved touching poo directly (which it does not). Health centres may offer gloves to patients if they wish, but should also use this as an opportunity to reassure that gloves are not needed.

What does the patient need to know about the kit?

- They do not need to change their medications or diet before doing the test.
- The samples of poo collected only need to be very small, smaller than a grain of rice. Too much poo can mean the sample can't be tested.
- The kit needs to be kept cool, at a temperature below 30 degrees Celsius (but not frozen) before doing the test.
- Once samples are taken, they should be stored at between 2 and 8 degrees Celsius, preferably in the fridge, but again, not frozen.
- If the health centre is offering to store the samples for patients, let them know what is required (for example, when samples will be accepted, any other conditions?).
- Samples need to be tested within two weeks of the first sample taken, to make sure they get to the lab in time get them in the post within 7 days of taking the first sample.
- The patient must write the date the samples are taken on the tubes and the form and make sure to put the form and the two sample tubes into the envelope for posting.

How to do the test instructions

The usual NBCSP instructions (which come in the kit) and an instruction sheet designed for Indigenous audiences will be available for use during the Pilot.

Additional resources explaining how to do the test include the following:

- NBCSP *How to do the Test* video: www.cancerscreening.gov.au/bowel
- Online Module: *Section 3 - A Step by Step Guide*
- Flipchart: Designed for use with Indigenous patients but an easy to use reference for health professionals too. (Hard copy of flipchart provided to health centres; extra hard copies can be ordered online or electronic copies downloaded, go to www.indigenousbowelscreen.com.au).

Technical information

The Eiken OC-Sensor kit has been in use in the NBCSP since 2 January 2018. It has been extensively evaluated internationally and is a high performing kit. This test kit is in widespread use in Australia and around the world. The collection tube has been approved by the Therapeutic Goods Administration (TGA) for inclusion as an in vitro device on the Australian Register of Therapeutic Goods (ARTG). It is included on the ARTG based on the manufacturer’s *Instructions For Use* for performance claims for sample stability as follows:

- haemoglobin recovery at seven (7) Days = 89±20.5%; and
- haemoglobin recovery at 14 Days = 84±23.6%.

Inviting patients to screen

Clinical guidelines recommend bowel screening for people aged 50-74 who are at average risk of bowel cancer and do not have symptoms, every two years.

Each health centre will set up their own systems to ensure that eligible patients are routinely invited to do a bowel screening test. Many health centres have indicated they would probably include bowel screening as an essential part of the MBS 715 Adult Health Check.

Whichever approach you decide to use, think about how the people who need to put it into practice can be motivated and equipped to do so; processes that can be put in place to make it easier, not harder, to do; and the sustainability of the approach over time. *See also **Appendix D: Implementation Planning Tools**.*

Assessing a patient’s suitability for screening

A preliminary assessment of patient suitability for screening can be done by a GP, Indigenous Health Worker/Practitioner, or nurse. However if there is any doubt about a patient’s suitability, they should talk to a doctor. Patients who are at higher risk for bowel cancer may require closer monitoring than offered by screening.

Who is eligible to have a bowel screening test under the NBCSP?

Bowel screening is recommended for people who are aged 50-74, who do not have a close family history of bowel cancer and do not have any obvious symptoms of bowel cancer. The risk for bowel cancer increases after age 50, therefore the NBCSP offers free screening for people:

- aged 50-74;
- who are in the Medicare and/or Veterans Affairs databases; and
- have not participated in the NBCSP within the last two years.

Who may not be appropriate for bowel screening?

People may not be suitable for screening if they:

- have a strong family history of bowel cancer. That means having a close relative (parent, sibling, or child) who developed bowel cancer under 55 years of age; or more than one close relative who has had bowel cancer at any age;
- have any symptoms of bowel cancer;
- have a bowel condition or undergoing treatment;
- have done a bowel screening test in the past two years;
- have had a recent colonoscopy (in the past two years); or
- are booked in for a colonoscopy in the next few weeks or months.

People in any of these categories should talk to a GP about their suitability for the NBCSP and ensure they get appropriate treatment and care.

Updated guidelines for assessing an individual's risk for bowel cancer and appropriate screening or monitoring strategies are available at Cancer Council Australia's Cancer Guidelines Wiki, http://wiki.cancer.org.au/australia/Guidelines.

Screening in past two years

As the National Pilot is providing an additional invitation method, some patients may have completed a NBCSP test kit they received in the mail within the last 2 years. It is important to ask the patient if they recall completing (and posting) an iFOBT in the last 2 years. If they have, they should not be offered through the National Pilot but should be encouraged to do the test again when they receive their next invitation in the mail.

If the patient is unsure about whether they have completed an NBCSP test or the timeframe this can be checked by telephoning the National Pilot Helpdesk on 1800 319 300. For privacy reasons, health professionals cannot do this on behalf of a patient, as the patient will be required to answer security questions. However, health professionals can assist the patient to make the phone call. Once a patient participates in the Program and nominates the health centre as their provider then the health centre can make enquiries about the patient.

What about those under 50 or over 74?

NHMRC-endorsed guidelines recommend that patients with a strong family history who are assessed as being at moderately increased risk or potentially high risk are offered FOBT screening every two years from an earlier age (from age 40 to 50 for those at moderately increased risk; and from 35 to 45 for potentially high risk). These age groups fall outside the NBCSP eligibility range, and should be tested using non-NBCSP, MBS-funded pathology services. Similarly, these kits can be offered for patients over 74, although patients above the eligible age may be exposed to increased risk and comparatively fewer benefits from bowel screening.

Health centre staff are encouraged to begin talking about bowel screening with their patients before the patient turns 50, so that if they receive a kit in the mail they know what it is.

Online form

For the National Pilot, the Department of Health has set up a secure online *Participant Details (Health Service Initiated)* form for health professionals to provide the Program Register with information that a patient has been assessed for bowel screening or invited to screen and whether or not the patient has accepted a kit, and to provide the patient with the form that they would otherwise receive with the kit in the mail.

Key information:

- This form **must be completed for everyone who is assessed for bowel screening** (and consents to their information being provided) even if they are deemed unsuitable for screening or decline to accept the kit.
- In line with usual consent requirements for health information, health professionals must seek consent from **all patients** for the information on this form to be submitted to the Register and the Program's Pathology Provider and inform the patient that the information may be used to provide them with screening reminders, future invitations, results and follow up, as well as to monitor and evaluate the Program. There are prompts in the form about seeking consent.
- It is important for the form to be completed using the patient's name as it appears on the Medicare card, and to encourage the patient to check and update their address to ensure any reminders and future invitations are received.
- The form can be saved and re-opened (using the tracking code generated) prior to its submission, which may help with organising its efficient completion.
- Part A of the form includes patient details (name, Medicare number, date of birth, contact details), health centre/health professional details and whether a patient has been provided with a kit, declined to screen or assessed as unsuitable for screening.
- Part B of the form will be generated for patients who have accepted a kit, and must be printed out and provided to the patient for inclusion with their completed samples. It is very important that the patient completes and includes this form with their completed samples, in particular the dates that they take the test samples.
- **Kits issued to a patient should not be given to any other person (such as family member) to complete.** The kit should only be completed by the person who received it from the health centre.
- If a patient's Medicare contact details are incorrect, NBCSP follow up systems won't work and future invitations to screen will not be received. However these contact details can only be updated by the patient. If a patient completes the test and returns their copy of the Participant Details Form, their contact details will be updated on the Register. Otherwise they should be encouraged to update their details by:
    - logging on to the myGov.au website;
    - phoning the Medicare Aboriginal and Torres Strait Islander Access Line; or,
    - completing and submitting the Aboriginal and Torres Strait Islander Medicare Enrolment and Amendment form. (See ***Appendix I***)

Accessing the Online Form

To generate the Participant Details Form, use this link:
http://www.cancerscreening.gov.au/indigenouspilot

Your password for the Participant Details Form is:

Username: ***bowel***

Password: ***screening***

After logging into the Participant Details Form you will be taken to Section A.

Section A – for all patients invited to screen

Requests patient details (name, Medicare number, D.O.B., contact details), health centre/health professional details and whether a patient has been provided with a kit, declined to screen or assessed as unsuitable for screening.

Note: Prior to completing and submitting Section A, you must gain the patient's consent to notify the Register and the Program's Pathology Provider that they have been invited to screen through the Alternative Pathway. The patient also needs to be informed that information on the form may be used to provide them with screening reminders, future invitations, results and follow up, as well as to monitor and evaluate the Program.

Follow the prompts (by filling in the text boxes and checking the consent declaration boxes) checking that information is correct and up-to-date. Fields marked with an * are required.

Three options are provided for the outcome of the invitation to screen - select only one for each patient:

- Patient has accepted a kit
- Patient has been assessed as unsuitable for screening
- Patient has declined the invitation to screen.

If unsure about patient suitability for screening, refer to *Appendix C: Checklist for talking to your patient about doing a bowel screening test* and/or the clinical guidelines.

Section B – for those who accept a kit

If your patient is assessed as suitable for screening and has accepted a kit:

- add the date the kit was provided
- click Submit to Register. This will send the Participant Details Form to the Department of Human Services Pilot Liaison Officer, who will find the patient's unique identifier in the Register, and enter that a kit has been provided. This ensures that the patient's test results can be linked to the correct individual, and that standard NBCSP follow up procedures are activated.

- print a copy of the form for the patient. This will generate Section B of the form, which is for the patient to complete and return with their samples. Be sure to place the form in the patient's screening kit before they leave and remind them to complete it and post it with their samples.
- Inform the patient that:
    - their contact details (on this form) will be used to update their Medicare record when they return it with the completed samples;
    - the address will also be updated for all other people on the same Medicare card; and
    - the health centre/health professional will receive a copy of their results. If they do not want this to occur, the patient will need to contact the Program Info Line to change this information.
- Remind the patient to write the date when each of the two samples are taken on the form, and on the collection tubes. Samples need to be tested within two weeks of the first sample taken. If the pathologist does not know what date the samples were taken, the patient may receive an inconclusive or no result and be asked to complete the test again. To make sure they get to the lab in time, the samples should be posted within seven days of taking the first sample

After the Participant Details Form has been submitted, additional text will appear on the screen with a download button. This will allow you to download, save and/or print the form as a PDF file – which can be attached/copied to the patient’s record.

Completing the Participant Details Form as a hard copy

The Participant Details Form is also available as a paper copy to fill in and complete. Paper copies can be ordered by contacting nbcsp@health.gov.au .

Follow the instructions above to complete the form.

Once completed the paper form must be submitted via post or fax to the address details provided on the form.

Technical information

The secure Online Form has been set up by the Department of Health for use for the Alternative Pathway, to ensure that patient safety is maintained and the invitation to screen is recorded. The Online Form delivers the record of invitation to a Pilot Liaison Officer employed within the Department of Human Services (DHS) (which manages the current Register).

For patients who accept a kit, the Pilot Liaison Officer will match the details on the Online Form with the individual's record in the Register. If the patient details provided do not match those recorded on the Register, and the kit is not completed within four to six weeks, the officer will inform the health centre.

The information received about patients who have not taken a kit will be maintained in a separate spreadsheet. These data will be used to avoid double counting any patients that initially decline the invitation to screen, but who change their mind and complete a test later in the Pilot. They will also be de-identified and aggregated to count the total number of people invited to screen.

Opting off or suspending participation in the NBCSP

Patients can request the Register to opt out of the NBCSP permanently or suspend their participation in for a short period. These are actions that the patient must request and cannot be done by the health professional through the *Participant Details (Health Service Initiated)* form. In either case, participation can be easily reinstated if the patient changes their mind.

Opting off the NBCSP permanently

It may be appropriate for some patients to opt out completely from the NBCSP, for example, if their GP has assessed them as being unsuitable for bowel screening because they are at higher than normal risk for bowel cancer or being treated for a bowel condition. 'Opting Off' means that a patient will no longer receive any kits in the mail from the NBCSP.

Patients can opt out of the NBCSP by:

- contacting the NBCSP Program Information Line (1800 118 868); or
- completing the Opt Off form developed for the National Pilot which will be provided to your health service.

Suspend participation in the NBCSP for a short period of time

If a patient declines a kit from the health centre and is then invited to participate by mail they can choose to suspend their participation temporarily at that point.

Test Results

Returning the samples for testing

After completing the test, patients will post their completed samples to laboratories of Sonic (unless the health centre has arranged to store or mail the samples for them). There are three main labs that process NBCSP samples: in Sydney, Brisbane and Perth. The kits provided to your health centre will have the return address on the Reply Paid envelope for the lab which is closest (or quickest to reach by mail). The lab is also marked on the back of the kit envelope with the expiry date, for example, 'Mar 2019 SYD'. Results of the test will be sent back to the patient and the nominated health centre from Sonic in two weeks.

Receiving results from Sonic Healthcare

Sonic will provide health centres the results for all samples submitted through the Alternative Pathway (unless the patient notifies the Register otherwise). Sonic can send results electronically (HL7 PDF attached or electronic text format, which can be opened by / incorporated into the practice software) or as a hard copy.

Many health centres may already be receiving results from Sonic. If the health centre is not already set up to receive results from Sonic, call the Sonic Hotline on 1800 957 177 and arrange a results set-up and/or notify the preferred format for receiving results (electronic or hardcopy).

You can also register online by going to: https://register.apps.sonichealthcare.com/sonicdx/register.

Access to results can be organised as 'multi-doctor access' or by individual GP. There are several different options, depending on the set up of the health centre's clinical software, and this may affect whether the results need to be looked up or will be notified automatically.

For the National Pilot, it is recommended that health centres contact the Sonic Hotline on 1800 957 177 during the preparation phase, to check their set up for receiving results.

Explaining results to patients

Test results can be: Negative, Positive, Inconclusive or No Result.

- Negative means that no blood has been detected in the samples. The patient should screen again in two years.
- Positive means that blood has been detected in one or both of the samples. This does not necessarily mean the patient has bowel cancer, but further investigation is needed to find out why the blood is there.
- Inconclusive/No result means the patient has provided only one sample and it produced a negative result.
- No result means the sample could not be tested, for example, if too much or no poo was provided, the collection tube was damaged, the kit is completed or tested after the expiry date, or samples were not tested within 14 days of the first sample.

- For the National Pilot, special arrangements have been made for health centres to be provided a notification of their patients' inconclusive or no results.
- As the letter to patients (see below) provides a list of possible reasons for their inconclusive or no result it would be helpful if health centres contact patients to discuss what went wrong last time and support and encourage them to do the test again.

Repeating the test for inconclusive or no results

When someone receives a no result or an inconclusive result they will automatically be sent a replacement kit and a letter that states the following:

Dear [Name]

Thank you for taking part in the National Bowel Cancer Screening Program (the Program) and returning your samples to the pathology laboratory. Unfortunately, the samples you provided were not able to be analysed. The most likely reason for this is one of the following:

- the sampling tube contained too much sample - remember only a tiny amount of sample is required (just a smear on the tip of the sampling stick); or
- no samples or only one sample was provided, when two samples are required; or
- the samples were received more than 14 days after the date of your first sample; or
- the analyser was unable to obtain a definitive result.

This means you need to do the test again. I encourage you to do this as it is important for you to get a result. Please complete the enclosed test kit as soon as possible. Remember to read the instructions carefully before you do the test. You should store your kit in the coolest place of your residence both before and after the samples are collected. The fridge provides the most stable conditions for storing your samples and will give the most accurate result, but DO NOT FREEZE. Once you have collected both samples, post them as soon as possible to the pathology laboratory using the Reply Paid envelope in the kit (no postage required). Please ensure you also complete the tear off Participant Details Slip at the bottom of this letter, and include it in the envelope, so that the laboratory knows who the sample is from.

If you have any queries about completing the test please contact the Test Kit Helpline on 1800 930 998 and they will talk you through it step by step. The results of your test will be sent to you about one week after you complete both samples and post them to the pathology laboratory.

If you have any questions about the Program please call the Program Information Line on 1800 118 868 during business hours or talk to your doctor.

Yours sincerely

Professor Brendan Murphy
Chief Medical Officer
dd/mm/yyyy
ENCL: Replacement test kit, Information Booklet NBCSR C041

PARTICIPANT DETAILS SLIP - Pathology analysis of replacement FOBT kit ID number:
Name:
Address:
Home telephone: Work telephone: Mobile:
Date first sample collected: Date second sample collected:
dd/mm/yyyy dd/mm/yyyy
Name of your doctor/medical practice:
Address of your doctor/medical practice:

Hot zones

One of the issues flagged as a potential barrier to offering screening through PHC centres is that the concentration of haemoglobin in iFOBT samples degrades over time, particularly when exposed to hot temperatures. This can lead to false negatives (getting a negative result instead of a positive).

To minimise the risk of samples being exposed to high temperatures, the NBCSP restricts the distribution of kits to areas classified as ‘hot zones’. In the usual pathway, this means that kits are not sent out to people who live in hot zones during months that have been classified as having an average temperature of over 30.4 degrees. The hope is that people will not send their samples back during a hot zone restricted time (although this cannot be guaranteed). Information is included in the screening invitation letter, the user instructions in the test kit, and the information booklet to advise participants of the importance of keeping the completed kit cool and how to handle and return kits to minimise heat exposure. Locations that do not have any months that average less than 30 degrees will be mailed kits in the coolest couple of months, usually around June.

With the Alternative Pathway, health centres are required to follow the hot zone policy and only give out kits during unrestricted months, unless able to demonstrate that procedures are in place to transport samples as quickly as possible and with minimal risk of exposure to heat to one of the Sonic laboratories in Sydney, Brisbane or Perth.

Patient Follow Up

The NBCSP includes follow up points that are activated automatically once a person has been sent a kit and/or received a positive screening result (Figure 4). Participant Follow-Up Function (PFUF) officers are employed by state and territory health services to follow up with NBCSP participants who receive a positive result but either do not see their GP to discuss the result, or who are referred by their GP for colonoscopy but do not have that test. PFUF officers contact the nominated health care provider to discuss patient follow up where required and will continue to do this as part of the Pilot.

Register Follow-up	Participant Follow-up Officer
If no GP visit in 2 months – letter to participant and GP (if nominated). Not activity at 6 months – letter to participant and GP (if nominated).	If no activity in 3 months – phone call to participant and/or GP (if nominated). If no activity in 7 months – phone call to participant and/or GP (if nominated).
If GP visit but no colonoscopy recorded at 4 month from date of iFOBT result – letter to participant and GP. If GP visit but no colonoscopy recorded at 6 months from date of iFOBT result – letter to participant and GP.	If no activity in 5 months – phone call to participant and/or GP (if nominated). If no activity in 7 months – phone call to participant and/or GP (if nominated).

Figure 4: Follow up points in the NBCSP.

This follow up will also apply to patients who receive a kit through the Alternative Pathway. Health centres should apply their usual protocols for follow up of patient test results. One of the advantages of the Alternative Pathway is that it provides an opportunity for more localised follow up, such as reminding and encouraging patients to do their test.

Follow up may be needed when:

A patient accepts a kit but does not complete the test within eight weeks

The Register issues a follow up letter to invitees if they have been sent a kit but not sent back the samples within eight weeks. This will apply for Alternative Pathway invitees too. However, the DHS Pilot Liaison Officer will notify health centres at around six weeks if a patient has accepted a kit but not completed the test AND the address provided through the Online Form (Part A) is different to that listed for the patient on the Register. Health centres are encouraged to follow up with the patient to complete the kit and update their contact details using the MyGov website or the Aboriginal & Torres Strait Islander Medicare Enrolment & Amendment Form - 0905).

Test result is positive

If a participant receives a positive test result, they are advised to see a GP for a follow up assessment, and are likely to be referred for further diagnostic testing such as a colonoscopy. Enter the result in the patient's medical record and set a reminder in case they don't come in for the GP assessment.

Positive test result but no GP assessment

Health centres should follow up with any patient who receives a positive result but has not seen a GP for assessment in line with the practices usual protocols/duty of care.

Positive result, GP assessment, but no colonoscopy

National Health and Medical Research Centre (NHMRC) endorsed clinical guidelines (2017) recommend that patients with a positive bowel screening test should be referred for a colonoscopy as soon as possible.

> For patients with symptoms suggestive of colorectal cancer, the total time from first healthcare presentation† to diagnostic colonoscopy should be no more than 120 days. Diagnostic intervals greater than 120 days are associated with poorer clinical outcomes.
>
> †First healthcare presentation is defined as the date of presentation to a GP with symptoms suggestive of colorectal cancer or positive iFOBT for screening.
>
> *Cancer Council Australia Colorectal Cancer Guidelines Working Party. Clinical practice guidelines for the prevention, early detection and management of colorectal cancer. Sydney: Cancer Council Australia. Available from: https://wiki.cancer.org.au/australia/Guidelines:Colorectal_cancer.*

Note: *Some states or territories may also have their own recommendations, requirements or support mechanisms related to timely access to colonoscopy.*

If a patient has a GP visit recorded and is referred for colonoscopy but does not have a colonoscopy recorded at four months from the date of the positive result, the participant and health centre will receive follow up notification as per the table above.

Clinical staff will need to be familiar with and able to explain the referral pathway and colonoscopy to patients. (See ***Preparing Staff to Offer the Alternative Pathway*** for training about colonoscopy). Patient assisted travel schemes may be able to assist if a patient needs to travel – these schemes differ in each state and territory. The health centre will have existing procedures for informing or helping patients to navigate the pathways for testing or treatment carried out in other parts of the health system, including travel and accommodation if needed.

Test result is inconclusive or a ‘no result’

For an inconclusive or no result, another iFOBT will need to be completed. The inconclusive/no result notification letter and a replacement kit will be automatically sent to the individual’s address (as nominated on their Participant Details form) within a few weeks of the health centre receiving the result. Health centres are encouraged to follow up inconclusive or ‘no results’ as it is likely that these results have occurred because the test wasn’t completely or returned correctly. Check that the patient has received the replacement kit and understands what they need to do.

Test result is negative

There is no requirement to follow up a negative result directly with the patient, but some health centres may wish to reassure the patient about what the result means and/or the importance of future screening, or flag the result for discussion at the patient’s next visit.

Enter the result on the patient’s medical record and set a reminder to discuss bowel screening with the patient again in two years.

Patient declines to accept a kit

If a patient does not accept a kit after the first bowel screening consultation, health centres can repeat the invitation to screen on another occasion, during the 12 month National Pilot.

GP Assessment

When a patient with a positive result sees a GP for a follow up assessment, the GP should notify the Register using the GP Assessment Form. The form is provided with the notification of a positive result. The GP Assessment Form can also be found via www.indigenousbowelscreen.com.au.

If the GP Assessment Form is not completed, the Register does not know if the patient has been referred for colonoscopy, and patients may continue to receive follow up contact.

If a patient is referred for a colonoscopy, the GP should include an NBCSP sticker on the referral so the patient is identified for priority attention. These stickers are included in the resource pack for the Pilot; if more are needed, these can be ordered online through www.indigenousbowelscreen.com.au.

Referral for colonoscopy

When a patient is referred for a colonoscopy, the referral document should:

- provide sufficient information for the colonoscopist to assess the appropriateness, risk and urgency of the procedure;
- indicate that they are being referred from the NBCSP as they may receive priority attention and to assist with reporting to the NBCSP Register; and
- any other information that your local specialist requires.

You may find it useful to refer to the Cancer Council Australia’s Clinical practice guidelines for the prevention, early detection and management of colorectal cancer for information about the triage of patients at risk of bowel cancer, with symptoms or with positive iFOBT results.

Supportive care needs of patients with a positive result

Patients who receive a positive result may at some point need supportive care, such as counselling or travel assistance or much more if they are diagnosed with cancer. Health centre staff should familiarise themselves with local referral options for supportive care services.

There is now an evidence-based tool available to assess the supportive care needs of Indigenous people affected by cancer, and this may be helpful in considering what support a patient might need, particularly if they face a long wait for colonoscopy or require treatment. For the Supportive Care Needs Assessment Tool – Indigenous People (SCNAT-IP), go to www.scnatip.org and register to access the tool.

References

Australian Government Department of Health, 2013. Fact sheet: Follow-Up Health Services Provided by a Practice Nurse or Aboriginal And Torres Strait Islander Health Practitioner for an Indigenous Person who has received a Health Assessment (MBS Item 10987), accessed online at http://www.health.gov.au/ internet/main/publishing.nsf/Content/mbsprimarycare_mbsitem10987, Jan 3 2018.

Australian Health Ministers' Advisory Council 2017. Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report, AHMAC, Canberra; pp-156-7.

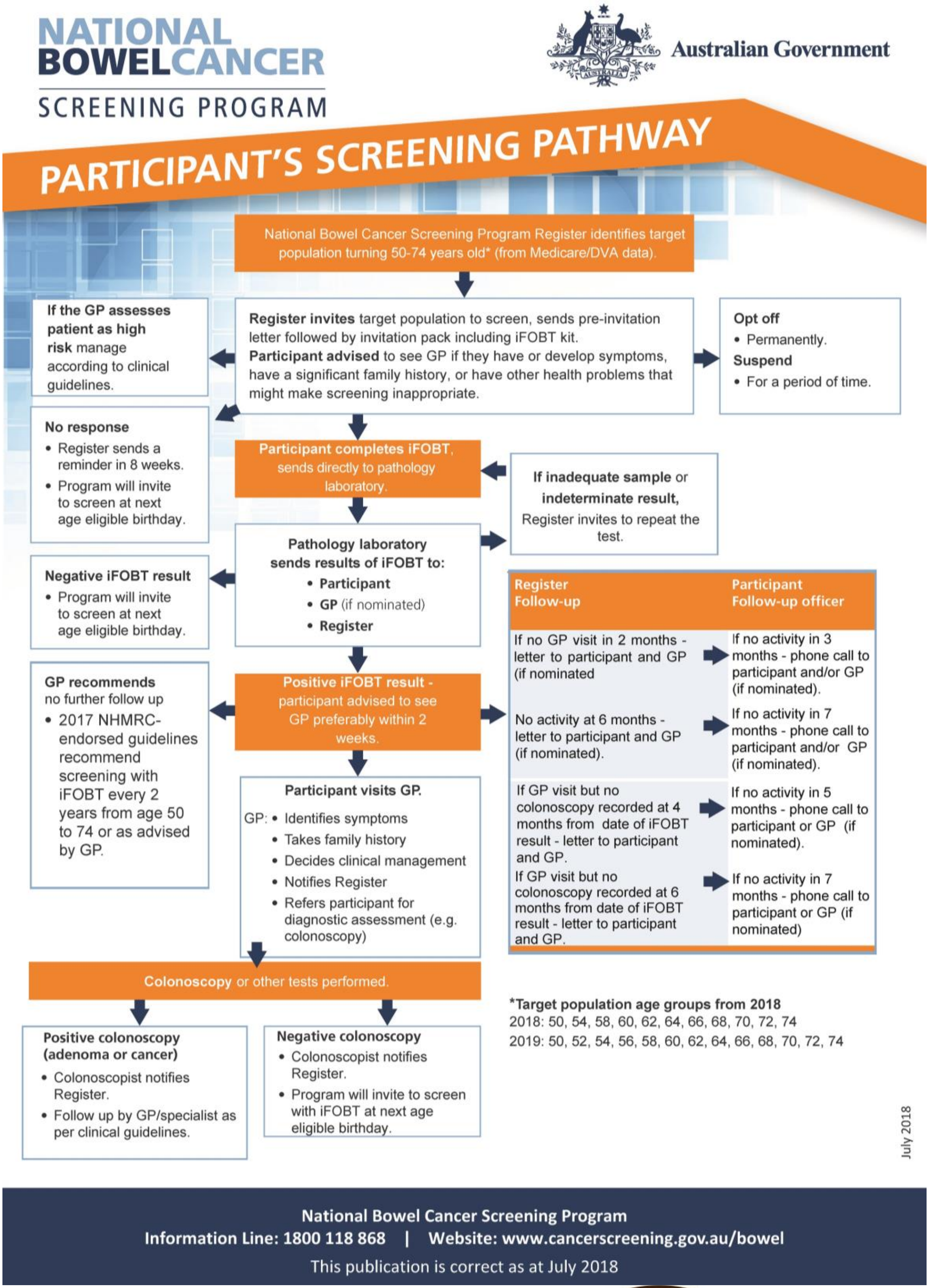
Australian Institute of Health and Welfare 2018a. 'Cancer in Aboriginal & Torres Strait Islander people of Australia', Accessed 15/3/2018 at https://www.aihw.gov.au/reports/cancer/cancer-in-indigenous-australians/contents/cancer-type/colorectal-cancer-c18-c20

Australian Institute of Health and Welfare 2018b. National Bowel Cancer Screening Program: Monitoring Report 2018. Cat. no. CAN 112. Canberra: AIHW.

Australian Institute of Health and Welfare 2017. National Bowel Cancer Screening Program: Monitoring Report 2017. Cancer series no.104. Cat. no. CAN 103. Canberra: AIHW.

Cancer Council Australia Colorectal Cancer Guidelines Working Party. Clinical practice guidelines for the prevention, early detection and management of colorectal cancer. Sydney: Cancer Council Australia. Available from: https://wiki.cancer.org.au/australia/Guidelines:Colorectal_cancer.

Appendix A: Usual pathway for the National Bowel Cancer Screening Program



NATIONAL BOWELCANCER SCREENING PROGRAM

Australian Government

PARTICIPANT'S SCREENING PATHWAY

National Bowel Cancer Screening Program Register identifies target population turning 50-74 years old* (from Medicare/DVA data).

Register invites target population to screen, sends pre-invitation letter followed by invitation pack including iFOBT kit.
Participant advised to see GP if they have or develop symptoms, have a significant family history, or have other health problems that might make screening inappropriate.

If the GP assesses patient as high risk manage according to clinical guidelines.

Opt off
- Permanently.

Suspend
- For a period of time.

No response
- Register sends a reminder in 8 weeks.
- Program will invite to screen at next age eligible birthday.

Participant completes iFOBT, sends directly to pathology laboratory.

If inadequate sample or **indeterminate result,** Register invites to repeat the test.

Pathology laboratory sends results of iFOBT to:
- **Participant**
- **GP** (if nominated)
- **Register**

Negative iFOBT result
- Program will invite to screen at next age eligible birthday.

Positive iFOBT result - participant advised to see GP preferably within 2 weeks.

GP recommends no further follow up
- 2017 NHMRC-endorsed guidelines recommend screening with iFOBT every 2 years from age 50 to 74 or as advised by GP.

Participant visits GP.

GP:
- Identifies symptoms
- Takes family history
- Decides clinical management
- Notifies Register
- Refers participant for diagnostic assessment (e.g. colonoscopy)

Register Follow-up	Participant Follow-up officer
If no GP visit in 2 months - letter to participant and GP (if nominated	If no activity in 3 months - phone call to participant and/or GP (if nominated).
No activity at 6 months - letter to participant and GP (if nominated).	If no activity in 7 months - phone call to participant and/or GP (if nominated).
If GP visit but no colonoscopy recorded at 4 months from date of iFOBT result - letter to participant and GP.	If no activity in 5 months - phone call to participant or GP (if nominated).
If GP visit but no colonoscopy recorded at 6 months from date of iFOBT result - letter to participant and GP.	If no activity in 7 months - phone call to participant or GP (if nominated)

Colonoscopy or other tests performed.

Positive colonoscopy (adenoma or cancer)
- Colonoscopist notifies Register.
- Follow up by GP/specialist as per clinical guidelines.

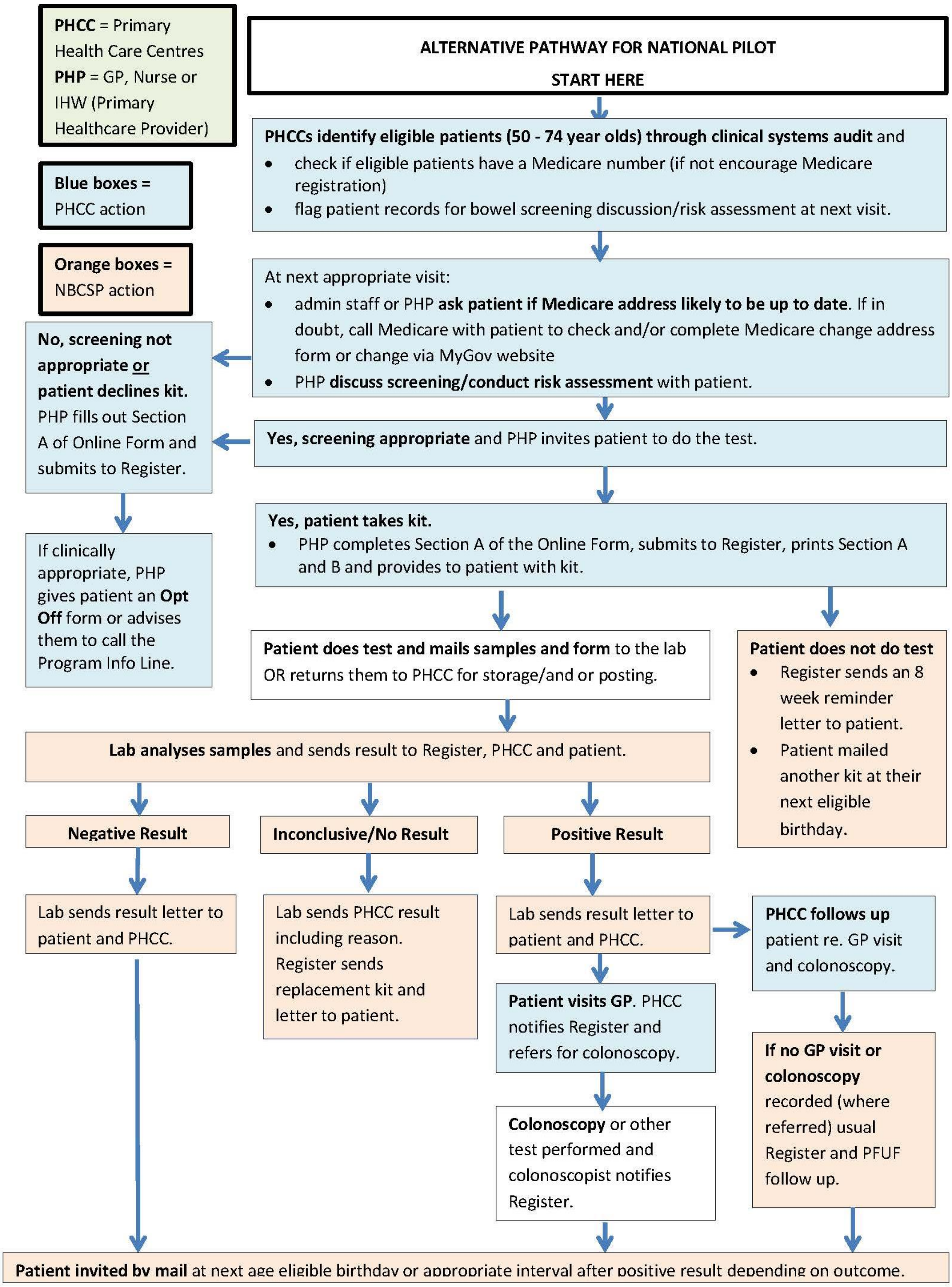
Negative colonoscopy
- Colonoscopist notifies Register.
- Program will invite to screen with iFOBT at next age eligible birthday.

***Target population age groups from 2018**
2018: 50, 54, 58, 60, 62, 64, 66, 68, 70, 72, 74
2019: 50, 52, 54, 56, 58, 60, 62, 64, 66, 68, 70, 72, 74

July 2018

National Bowel Cancer Screening Program
Information Line: 1800 118 868 | Website: www.cancerscreening.gov.au/bowel
This publication is correct as at July 2018

Appendix B: Alternative Pathway Flowchart



PHCC = Primary Health Care Centres
PHP = GP, Nurse or IHW (Primary Healthcare Provider)

Blue boxes = PHCC action

Orange boxes = NBCSP action

ALTERNATIVE PATHWAY FOR NATIONAL PILOT

START HERE

PHCCs identify eligible patients (50 - 74 year olds) through clinical systems audit and

- check if eligible patients have a Medicare number (if not encourage Medicare registration)
- flag patient records for bowel screening discussion/risk assessment at next visit.

At next appropriate visit:

- admin staff or PHP **ask patient if Medicare address likely to be up to date**. If in doubt, call Medicare with patient to check and/or complete Medicare change address form or change via MyGov website
- PHP **discuss screening/conduct risk assessment** with patient.

No, screening not appropriate or patient declines kit. PHP fills out Section A of Online Form and submits to Register.

If clinically appropriate, PHP gives patient an **Opt Off** form or advises them to call the Program Info Line.

Yes, screening appropriate and PHP invites patient to do the test.

Yes, patient takes kit.

- PHP completes Section A of the Online Form, submits to Register, prints Section A and B and provides to patient with kit.

Patient does test and mails samples and form to the lab OR returns them to PHCC for storage/and or posting.

Patient does not do test

- Register sends an 8 week reminder letter to patient.
- Patient mailed another kit at their next eligible birthday.

Lab analyses samples and sends result to Register, PHCC and patient.

Negative Result

Lab sends result letter to patient and PHCC.

Inconclusive/No Result

Lab sends PHCC result including reason. Register sends replacement kit and letter to patient.

Positive Result

Lab sends result letter to patient and PHCC.

PHCC follows up patient re. GP visit and colonoscopy.

Patient visits GP. PHCC notifies Register and refers for colonoscopy.

If no GP visit or colonoscopy recorded (where referred) usual Register and PFUF follow up.

Colonoscopy or other test performed and colonoscopist notifies Register.

Patient invited by mail at next age eligible birthday or appropriate interval after positive result depending on outcome.

Appendix C: Checklist for talking with your patient about doing a bowel screening test

Use the flip chart, demo kit and / or *How to do the Test* brochure to help explain bowel screening to your patients. Show what is inside the kit and how to take the sample.

Have you:	☑
Checked your patient is eligible for the National Bowel Cancer Screening Program (NBCSP): - Is the patient aged 50-74? - Do they have a Medicare or Department of Veteran's Affairs number? (If yes, check whether contact details are up to date. If no, encourage to register.)	
Checked the patient's bowel screening history: - Have they done a bowel screening test in the past two years? - Have they had a colonoscopy in the past two years? - Are they booked to have a colonoscopy in the near future?	
Checked whether bowel screening is suitable for this patient? Bowel screening is designed to detect changes in the bowel before there are any symptoms. So bowel screening is best for people: - aged 50-74 - and who **DO NOT** have: ○ A strong family history of bowel cancer. That means having a close relative (parent, sibling, or child) who developed bowel cancer under 55 years of age or more than one close relative who has had bowel cancer at any age. ○ An existing bowel problem ○ Signs or symptoms of bowel cancer such as bowel changes, blood in the poo, weight loss, tummy pain or anaemia. A patient with a strong family history of bowel cancer, existing bowel problems or symptoms of bowel cancer should be referred to a GP, as screening may not be the most appropriate testing they require. **Check with a GP if in any doubt** that bowel screening is suitable for a patient.	

Have you:	☑
Explained to the patient: - Why bowel screening is important? - What the test involves? - How to do the test? (Talk them through it using the brochure, flipchart or a demo screening kit) - The importance of writing the dates the samples were taken on the tubes and the form? - How to return the samples and the Participant Details form (by mail, or to the health centre)? - What the test results might mean? - They can opt off the NBCSP if they wish?	
Explained the consent provisions of the Participant Details (Health Service Initiated) form. Completed Part A of the Participant Details (Health Service Initiated) form and submitted it for **every patient** assessed for bowel screening. For any patient who accepted a kit, printed their copy of the form (Part A and Part B) and explained it must be filled in sent back with the completed samples.	
Documented in the patient’s medical record: - They have been invited to screen - They have been given a kit, declined a kit, or been assessed as unsuitable. - And if appropriate: ○ A reminder to follow-up whether the patient has completed the test ○ A reminder for another bowel screening discussion in two years’ time ○ Alternative arrangements for monitoring high risk patients.	

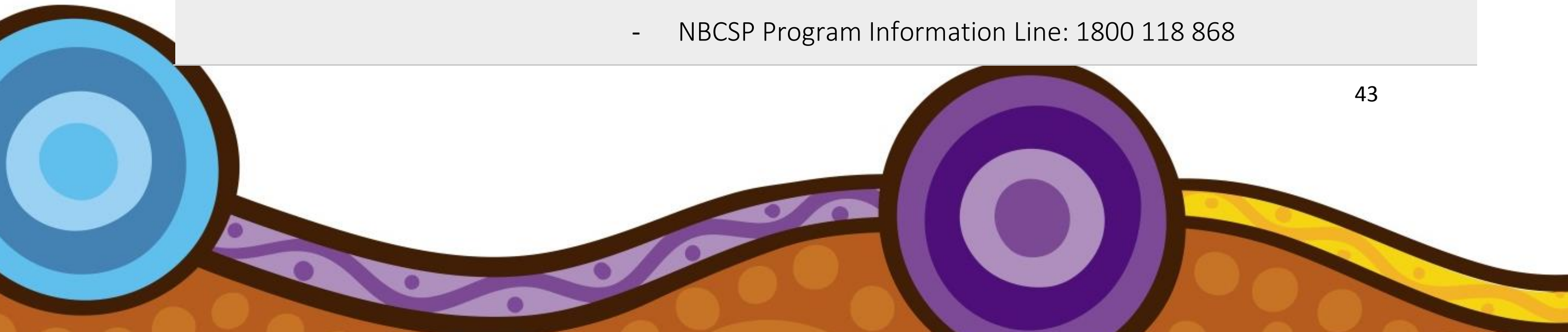
Appendix D: Implementation planning tools

Nine steps for planning

This nine step approach is recommended for planning the introduction of the Alternative Pathway (or any other new or better way of doing things). However, health centres may have their own preferred planning approaches that take a systems approach to introducing new components of care.

Don’t expect to solve all the challenges at once. This is a new process, so give yourself time to get used to it becoming a normal part of routine practice.

1. Get the right people involved in planning	Include a good cross section of staff to ensure a variety of views and perspectives. Involve board members and/or elders. Communication and lots of it can help minimise worries about how changes might affect people.
2. Think and talk about why you are planning to introduce the Alternative Pathway	Why did your health centre decide to take part? This information can help motivate or ‘switch on’ staff to encourage bowel screening.
3. Understand what the NBCSP and Alternative Pathway involve	You will need to understand the core and optional elements of the NBCSP and Alternative Pathway, to tailor the approach to suit the needs of the community and capacity of the health centre. Information sources include: - This manual, which includes descriptions of training options and resources (see Preparing Staff to Offer the Alternative Pathway); - The Online Training Module and flip chart; - Websites: the Alternative Pathway website at www.indigenousbowelscreen.com.au; the Australian Government Department of Health website at www.cancerscreening.gov.au/bowel; - Participant Follow Up Function (PFUF) officers – these staff are based in state/territory Health Departments to follow up people who received a positive test result but have not gone on to have a GP Assessment or, if referred, a colonoscopy. - Some jurisdictions may have other staff who may be available to assist health centres, for example regional Health Promotion Officers (HPOs) and Gastroenterology Nurses in Queensland. - National Pilot Helpdesk: 1800 319 300 - NBCSP Program Information Line: 1800 118 868



	- Menzies Project Team at bowelscreening@menzies.edu.au.
4. Think about how best to organise the Alternative Pathway at your health centre (develop a broad approach)	Think about: How can we set up a routine process so that we make sure that all our patients aged 50-74 get a conversation about bowel screening every two years? What will we need to do to set this up and keep it going?
5. Work through risks to quality and safety (look at all the fine detail)	Use the two planning templates provided here (or your own template). Review the Alternative Pathway Flowchart in this step, which shows how the Alternative Pathway connects with other parts of the NBCSP. **Completing the Quality and Safety Checklist satisfactorily and returning it to the Menzies Project Team is a mandatory part of participating in the National Pilot: to identify and document risks to quality and safety for your setting and describe how they will be managed.**
6. Refine the plan; work out who will do what, and when	Use the two planning templates provided (or use your own template). There are some specific cultural and gender preference issues that you might need to think about in relation to roles. For example: male patients talking to a male GP, nurse, or IHW; women talking to women. Are there any other barriers or opportunities specific to your area/community that need to be taken into account?
7. Make sure staff are equipped to offer the Alternative Pathway	Provide training opportunities to your staff such as: - the free Online Learning Module and other training materials, available at www.indigenousbowelscreen.com.au - other training activities provided through the National Pilot. These will be available to different health centres at different times, and include regional workshops, site visits and in-services.
8.Work out measures of success and improvement	You will be asked to provide a report on your activity and on changes in the health centre environment that may have affected the implementation or response to the Alternative Pathway (template to be provided from Menzies). However more important to long term sustainability will be your own quality improvement measures which might include measures such as: – Staff talk to at least X% of eligible active patients about bowel screening during the National Pilot – At least X% of those patients complete the test.

Planning template 1: External and organisational influences that may affect implementation

This form does not need to be submitted. It is for internal planning purposes only.

This template is designed to help you think broadly about potential barriers or opportunities for the implementation of the Alternative Pathway.

These questions help to identify local factors that are likely to help strengthen or act as barriers to the Alternative Pathway. These maybe internal, organisation factors, occurring within the health centre and service, or be external, such as the characteristics of the local community or the way in which the Australian health system works.

Some of the potential **external** influences and **organisational** influences that were identified through the preparation for the pilot are contained in the tables below. Can you think of any others that may impact your health centre while implementing the Alternative Pathway and how you might manage these?

External influences identified during consultations for Alternative Pathway	**Need to consider? Y/N**
Long waiting lists for colonoscopy in your region, or lengthy and potentially expensive travel to access colonoscopy.	
Many people have no knowledge about bowel cancer or bowel screening, and the subject is not one they want to talk about.	
Some local people are not on the Medicare register or their address is not up to date, so may have never received a kit in the mail.	
Housing is scarce so it's difficult for people to get privacy to do the test.	
English is a second or third language here.	
Community members unlikely to take notice of health messages unless they can see it is relevant to local people.	

Weather may be hot and will be difficult to keep the kits at the required temperature.	
Importance of family is very strong in this community and can strongly influence behaviour.	
Women are more likely to attend health centres / screening than men. Different strategies likely needed to engage men in bowel screening?	

Internal organisational influences identified	Need to consider here? Y/N
Leadership to champion the new practice or program.	
There is an implementation plan that clearly defines responsibilities.	
High staff turnover; fly in, fly out.	
Clinical staff are skilled at generating patient lists from information systems.	
Some non-Indigenous GPs concerned about causing offence and leave bowel screening to Indigenous Health Workers or to the patient to raise.	
Health staff feel bowel screening is important for their patients.	
Staff have the skills and confidence to talk about bowel screening with patients.	
The organisation is good/not good at dealing with change.	

Internal organisational influences identified	Need to consider here? Y/N
Too busy at the health centre to take on new programs.	
Strong connections with other Indigenous health centres or regional organisations with a role in cancer screening.	
Staff cynical about pilot projects.	

Planning template 2: Implementation Planning

This form does not need to be submitted. It is for internal planning purposes only.

Make sure you have thought about who will be involved in preparing for and implementing the Alternative Pathway at your health centre. Who needs to help plan for it?

Please refer to the Alternative Pathway Flowchart and the Quality and Safety Checklist when planning to introduce the Alternative Pathway at your health centre.

Aspect of implementation	Potential issues and strategies to address them
Governance issues and management	Whose involvement in sign-off, governance, management is required? Whose involvement will help pave the way for the Alternative Pathway? Who can champion the cause (with clinicians, community members)?
Offering the Alternative Pathway	In operational terms, how will you offer the Alternative Pathway? What will work best for your community; your health centre capacity? e.g. make it part of the Adult or Older Person's Health Check? Use reminders to flag a patient for a bowel screening conversation as they approach 50
Are there any sub-groups in the eligible age group that might need a different approach?	e.g. Those in an aged care facility? Women / men?
Management of test kits	What simple steps can you put in place to manage the ordering, storage, and distribution of the NBCSP bowel screening kits?
Management of samples	Will your health centre offer patients the opportunity to complete the test at the health centre? How will you manage this?
Staff training, roles	Who will do what? Will the resources from the National Pilot work for your staff? How might you best use them? Will some staff be more difficult to get on board than others? How might you manage that?

Aspect of implementation	Potential issues and strategies to address them
Follow up	Has your health centre considered how you will follow up about test results? How might you organise this?
Networking	When you need advice, who will you turn to? (Who do you usually turn to?)
Reporting	Who will be responsible for completing the six monthly report which is required? How will the information be gathered?
Quality improvement	If you have an existing quality improvement initiative, can bowel screening be incorporated into it? How else can you monitor how well your health centre is doing with bowel screening, and whether participation is increasing?
Further testing: Referral to colonoscopy	What can you put in place to help make it easier if a patient needs to go for a colonoscopy?
When the news is not good	How will your health centre respond if a patient is diagnosed with bowel cancer following screening? What support will the patient need? Can your health centre provide it?
Spreading the word	What strategies might be used to get the message out in the community about the ways to reduce the risk of bowel cancer, the importance of bowel screening? And that screening might save your life?

Appendix E: Preparing staff to offer the Alternative Pathway

Taking a systematic approach to staff preparation

- ☐ Use usual health centre procedures (staffing and implementation planning) to identify who will be involved in offering the Alternative Pathway.
- ☐ Consider knowledge that your staff might already have about bowel screening, bowel cancer and the NBCSP, and any knowledge and skill gaps.
- ☐ Consider the impact of staff turnover and how to manage this i.e. training other PHC staff about bowel screening and training staff that are new to the health centre.
- ☐ Identify appropriate training options.
- ☐ Allocate staff time to complete training.

Training materials

A package of clinical education materials has been produced for the National Pilot to help ensure staff knowledge, skills and confidence to offer the Alternative Pathway.

Training resource	Content	Format/suitable for
Online Training Module	The Online Training Module allows the flexibility to learn independently, at a time and location that is convenient. It can be completed individually or in small groups to provide the opportunity for group discussion.	Online module with animations, voiced and narrated by Aboriginal and Torres Strait Islander actors. Accessed via the Alternative Pathway website www.indigenousbowelscreen.com.au. Designed for Indigenous Health Workers but can be used by any health professional. Also available on USB stick if internet access is difficult. Suitable for: Individual learning or small groups (up to four). Duration: One hour

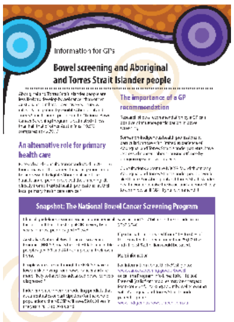
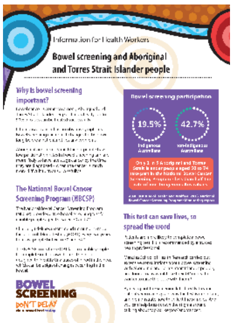
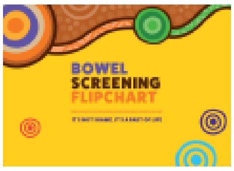
Resources for GPs	A bundle of resources made available through the www.indigenousbowelscreen.com.au website. The package of digital resources includes links to reviewed GP web resources and existing GP information and education activities that offer Continuing Professional Development points.	GPs Nurses Digital package, clinical aid Accessed via the Alternative Pathway website www.indigenousbowelscreen.com.au. Suitable for: Individual learning
Information sheets for GPs and Indigenous Health Workers	An A4 information sheet to assist with encouraging Aboriginal and Torres Strait Islander people to screen through the National Bowel Cancer Screening Program.	A version for GPs and a version for Indigenous Health Workers. Accessed via the Alternative Pathway website; hard copies can be ordered (see Appendix E).

Appendix F: Resources for use with Indigenous community members

The National Indigenous Bowel Screening Pilot has produced a range of colourful resources for use in promoting bowel screening to Indigenous audiences. This is so that health centres can get started with offering screening without having to develop their own resources. The resources shown here are available to order in hard copy, free of charge. To order more copies of resources please email health@nationalmailing.com.au and provide them with your health service name and mailing address, resource order code, resource name and quantity requested.

There are also more promotional resources including music videos, animations and stories of people affected by bowel cancer on the website www.indigenousbowelscreen.com.au. If you'd like to share any resources you produce, please contact bowelscreening@menzies.edu.au.

Order Code	Resource Name	Resource Description	
NC0062	Indigenous Pilot – Health Professional Bowel Screening A3 Poster	A poster to raise awareness about the role health professionals can have in encouraging bowel screening. For display in staff only access areas in services participating in the National Indigenous Bowel Screening Pilot. Available in A3 or A4.	
NC0063	Indigenous Pilot – Health Professional Bowel Screening A4 Poster		
NC0064	Indigenous Pilot - Consumer Bowel Screening A3 Poster	A poster to raise consumer awareness about a new way of bowel screening for Indigenous patients for the National Bowel Cancer Screening Program. For display in services participating in the National Indigenous Bowel Screening Pilot only. Available in A3 or A4.	
NC0065	Indigenous Pilot - Consumer Bowel Screening A4 Poster		
NC0068	Indigenous Pilot – Bowel Screening Flyer – A6	A brochure to raise awareness about bowel screening and accessing bowel screening through the primary health care centre. For use in services participating in the National Indigenous Bowel Screening Pilot.	

Order Code	Resource Name	Resource Description	
NC0069	Indigenous Pilot – Bowel Screening Fact Sheet for GPs – A4	An A4 information sheet for GPs to assist with encouraging Aboriginal and Torres Strait Islander people to screen through the National Bowel Cancer Screening Program. (Also available electronically).	 Information for GPs Bowel screening and Aboriginal and Torres Strait Islander people The importance of a GP recommendation An alternative role for primary health care Snapshot: The National Bowel Cancer Screening Program
NC0070	Indigenous Pilot – Bowel Screening Fact Sheet for Health Workers – A4	An A4 information sheet for health workers to assist with encouraging Aboriginal and Torres Strait Islander people to screen through the National Bowel Cancer Screening Program.	 Information for Health Workers Bowel screening and Aboriginal and Torres Strait Islander people Why is bowel screening important? Bowel screening participation 19.5% 42.7% The National Bowel Cancer Screening Program (NBCSP) This test can save lives, so spread the word BOWEL SCREENING DON'T DELAY
NC0072	Indigenous Bowel Screening – Health Professional Flipchart	A flipchart for use by health professionals to assist with talking to clients about bowel cancer, bowel screening and how to do the test.	 BOWEL SCREENING FLIPCHART

Appendix G: Receiving patient test results from Sonic Healthcare

Who is Sonic Healthcare?

Sonic Healthcare (Sonic) has been providing pathology services for the National Bowel Cancer Screening Program (NBCSP) since 2 January 2018. Sonic is the largest pathology provider in Australia, with an extensive network of collection centres serving each state and territory capital and much of regional and rural Australia. All Sonic laboratories in Australia are accredited by the National Association of Testing Authorities (NATA), Australia.

Many health centres will already be receiving results from Sonic or its subsidiaries, which include Sullivan Nicolaides, Melbourne Pathology, Clinpath Laboratories, Capital Pathology, Douglass Hanly Moir, Clinipath and many others, identifiable with this logo:

Go to www.sonichealthcare.com for the full list of Sonic laboratories in Australia.

Receiving NBCSP test results

Sonic will provide health centres the results for all bowel screening samples submitted via the Alternative Pathway, regardless of whether the results are positive, negative, inconclusive or a no result.

Receiving results

If the health centre is already registered to receive results from one of Sonic's laboratories – either electronically or in hard copy – then NBCSP test results will be automatically sent in that way. Sonic has imported all doctor reporting preferences from their Australian lab systems into the NBCSP lab system and will send reports as per the usual (doctor) reporting preference that is in place.

If the health centre does not have an existing arrangement to receive results from Sonic, results will be sent as a paper copy letter.

If you would like to organise to receive results electronically, or change the health centre's preferences for receiving results, this is easy to do.

Contact the **Sonic NBCSP Health Hotline on 1800 957 177**, between 9am and 6pm (Sydney time), Monday to Friday, to arrange a results set-up and/or to notify the preferred format for receiving results.

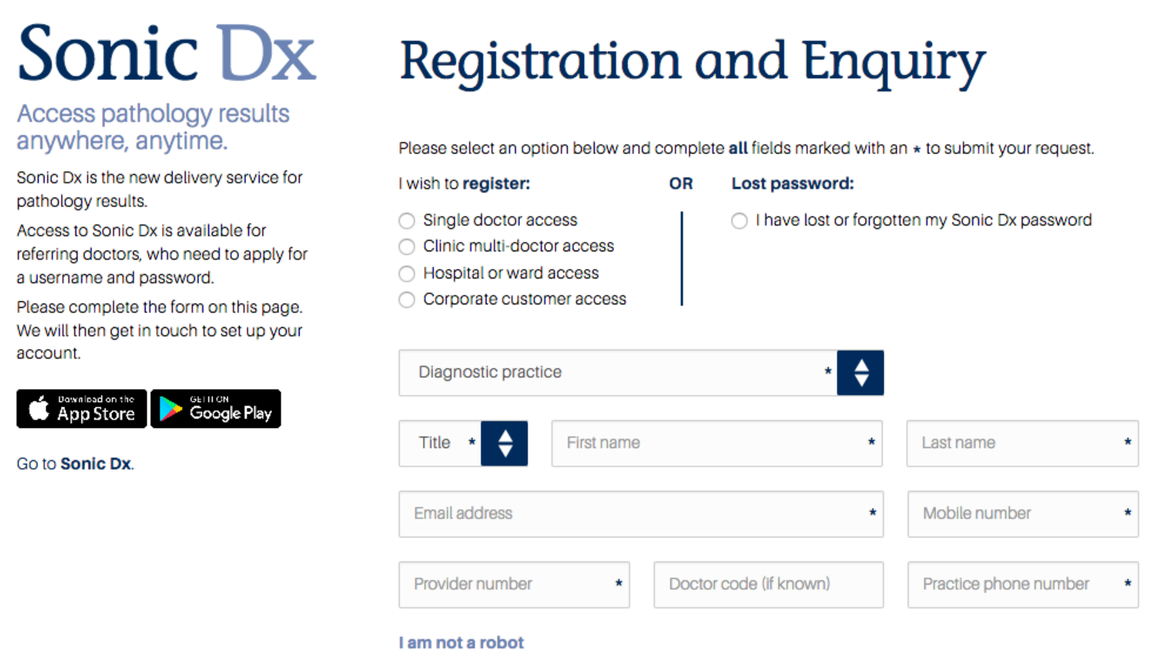
Options to consider

Electronic vs hard copy

Results can be provided in a hard copy letter format or in a variety of electronic formats.

Sonic can send results in HL7, an internationally recognised standard for electronic exchange of clinical and administrative information between healthcare applications. Results in HL7 can be opened by / incorporated into the practice software. Results can be delivered as HL7 electronic text, HL7 PDF format, or as a URL link. The choice of format may be limited by the type of clinical software in use at the health centre.

There is also a mobile and web-based platform called Sonic Dx, which may be helpful if the health centre wants health professionals to have access to results away from the health centre. You can register for Sonic Dx online by going to: https://register.apps.sonichealthcare.com/sonicdx/register. Note: Most primary health care centres would not use Sonic Dx as their primary source for downloading results.



Sonic Dx

Access pathology results anywhere, anytime.

Sonic Dx is the new delivery service for pathology results.

Access to Sonic Dx is available for referring doctors, who need to apply for a username and password.

Please complete the form on this page. We will then get in touch to set up your account.

Go to **Sonic Dx**.

Registration and Enquiry

Please select an option below and complete **all** fields marked with an * to submit your request.

I wish to **register:** **OR** **Lost password:**

○ Single doctor access
○ Clinic multi-doctor access
○ Hospital or ward access
○ Corporate customer access

○ I have lost or forgotten my Sonic Dx password

Diagnostic practice *

Title * | First name * | Last name *

Email address * | Mobile number *

Provider number * | Doctor code (if known) | Practice phone number *

I am not a robot

Figure G1: Online registration for Sonic Dx (web-based and mobile software)

Multi-doctor access or individual doctor access?

Multi-doctor access means results will be sent to a central point at the health centre, for instance, the practice manager or senior clinician. This is good for accessibility of results, particularly where staff turnover is high.

Individual doctor access means patient's results will go to a specified doctor (the doctor's details should be included on the Participant Details (Health Service Initiated) form for this).

Appendix H: Potential sources of revenue

Revenue opportunities related to bowel screening promotion and follow up include:

- Offer patients an Adult Health Check, and include bowel screening as part of the check. Many health centres already carry out the Adult Health Check using MBS item 715. However in 2015-16, MBS payments were paid for only 38% of Indigenous people aged over 55 to have a health check (58% in Commonwealth-funded Indigenous primary health care centres)[1].
- Completion of the 715 health check opens up access to up to 10 services per year carried out by a practice nurse or Aboriginal or Torres Strait Islander Health Practitioner, under MBS item 10987. The MBS follow-up service item may be used to provide:
  - examinations/interventions as indicated by the health assessment;
  - education regarding medication compliance and associated monitoring;
  - checks on clinical progress and service access;
  - education, monitoring and counselling activities and lifestyle advice;
  - taking a medical history; and
  - prevention advice for chronic conditions, and associated follow up[2].
- Integrated Team Care resources administered through PHNs may be appropriate to use for patients affected by chronic diseases.
- An information payment of $7.70 (GST inclusive) can be claimed for each GP Assessment Form lodged in relation to the follow up of a positive NBCSP screening result[3]. Providers wishing to receive this payment must complete a one-off registration form, and have a current provider number and ABN. To register for payment:
  - Go to the Forms page on the www.cancerscreening.gov.au/bowel website, or search the site for '*Payment Account Details for Service Provider*'.
  - Phone the NBCSP Information Line on 1800 118 868 to request a hard copy form.

  Once a provider is registered, payment will be made automatically for each GP Assessment Form submitted.

  The Health.Vic (www2.health.vic.gov.au) website has links on its Bowel Cancer Screening page to templates for the GP Assessment Form that can be integrated into practice software.

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[1] Australian Health Ministers' Advisory Council, 2017, Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report, AHMAC, Canberra; pp-156-7.

[2] Australian Government Department of Health, 2013. Fact sheet: Follow-Up Health Services Provided by a Practice Nurse or Aboriginal And Torres Strait Islander Health Practitioner for an Indigenous Person who has received a Health Assessment (Mbs Item 10987), accessed online at http://www.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare_mbsitem10987, Jan 3 2018.

[3] See http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/information-on-provision-payments, 3 Jan 2018. Page last updated 19 Jan 2016).

Appendix I: National Indigenous Bowel Screening Pilot Key Contacts

For Health Centres

National Pilot Helpdesk (DHS): 1800 319 300 or nibsp@humanservices.gov.au

This is a dedicated phone number for health centres to assist with:

- answering questions about the NBCSP Register and Participant Details form
- information on previous screening/eligibility (can only be done with client available to confirm identity).
- checking/updating patient information (can only be done with client available to confirm identity).

Sonic Hotline: 1800 957 177

To assist with:

- questions about patient results
- the set up process of receiving results – call or register online at https://register.apps.sonichealthcare.com/sonicdx/register
- ordering additional kits – call or email: NBCSP_kits@sonichealthcare.com.au

Menzies Site Support: (07) 3169 4240 or bowelscreening@menzies.edu.au

To assist with answering questions about implementing and delivering the Alternative Pathway at your health centre. See also www.indigenousbowelscreen.com.au.

Forms and Resources

Participant Details (Health Centre Initiated) form

The Online Participant Details form is at www.cancerscreening.gov.au/indigenouspilot.

If you require hard copies of the Participant Details form, download and print them from the www.indigenousbowelscreen.com.au website. From the menu, select Pilot, then Pilot Resources. The password to get to Pilot Resources is: bowelscreening.

Submit completed hard copies via post or fax to the address details provided on the form.

National Mailing and Marketing: (02) 6269 1080 or health@nationalmailing.com.au

To order copies of Alternative Pathway resources you will need to provide your health service name, mailing address, resource order codes, resource name and quantity required. Resource details including order codes are in Appendix F in the manual.

For Clients

NBCSP Program Information Line: 1800 118 868

- For general information about the NBCSP, Program Register enquiries, information on the last screening recorded, change of address information, or opting out of the program. Note. If clients are calling from the health service they can call the *National Pilot Helpdesk (DHS):* 1800 319 300.
- Requesting a replacement test kit (when kit or components are lost/damaged).

Test Kit Helpline: 1800 930 998

- For information and help with how to do the test or questions about the test.

Change of Address/ Medicare Enrolment

- Clients can call the Aboriginal and Torres Strait Islander Medicare Access Line: 1800 556 955 or Medicare general enquiries: 13 20 11. Health centres can use these numbers to check Medicare enrolment or client contact details, but only with client available to confirm identity.
- Login to my.gov.au to update details online (if registered for myGov).
- Fill in the Aboriginal & Torres Strait Islander Medicare Enrolment & Amendment Form (0905) available at www.humanservices.gov.au/individuals/subjects/medicare-services-indigenous-australians

Further information

www.indigenousbowelscreen.com.au

Information and materials for health professionals and consumers about the Pilot, bowel cancer & screening and promoting the NBCSP with Aboriginal & Torres Strait Islander clients.

There is a passworded section of the website with Pilot-specific documents. From the menu, select Pilot, then Pilot Resources. The password to get to Pilot Resources is: ***bowelscreening***

www.cancerscreening.gov.au/bowel

Information and materials for health professionals and consumers about the NBCSP, bowel cancer & screening, promoting the NBCSP with eligible clients, GP Assessment forms, registration for the GP Assessment form Information Payment and How to do the Test video.

www.cancerscreening.gov.au/indigenouspilot

Participant Details (Health Service Initiated) form.

www.sonichealthcare.com

Information about Sonic Healthcare and their services.