

Update on the Victorian implementation of the National Bowel Cancer Screening Program

March 2018

This document provides a brief update on some of the projects and activities relating to implementation of the National Bowel Cancer Screening Program at a Victorian and National level that may be of interest to individuals and organisations involved in the CRC tumour summit.

Prevention and early detection

Expansion of the National Bowel Cancer Screening Program

Currently eligible Australians aged 50, 54, 58, 60, 62, 64, 66, 68, 70, 72 and 74 are invited to participate in population screening through immunochemical faecal occult blood testing. 52 and 56 year olds will be included from January 2019 when all eligible people aged 50-74 will be invited to participate every two years.

National Cancer Screening Register

A National Cancer Screening Register is being developed to support the expansion of the National Bowel Cancer Screening Program and the renewed National Cervical Screening Program. The new Register will result in improvements to reporting, targeted recruitment, and in the identification of Program participants. It is anticipated that the National Bowel Cancer Screening Program component of the register will go live during the 2018-19 year.

Victorian Primary Care Quality Framework

The [Victorian Primary Care Quality Framework](#) is a guide for the primary health care setting including Primary Health Networks when designing strategies to support and increase bowel cancer screening activities in general practice.

Community-led cancer screening program 2017-2020

The Community-led cancer screening program aims to increase early detection of bowel, cervical and breast cancer by building capacity to increase participation in relevant cancer screening programs within primary care settings and through targeted community-led interventions. Four Victorian Primary Health Network (PHN) regions are participating in the program and will utilise a place-based approach to achieve the program outcomes over the next three years. The PHN regions have been selected based on factors relating to the increased volume of their population remaining unscreened or underscreened. The regions are Western Victoria, Murray, North Western Melbourne and Gippsland.

Indigenous Alternative Pathways Project

This national project is funded by the Commonwealth Government and delivered by Menzies School of Health Research. The aim is to increase participation in the National Bowel Cancer Screening Program among Aboriginal Australians by providing an 'alternative pathway' through which eligible people are able to receive kits directly from Aboriginal Community Controlled Health Services. Implementation has been postponed due to the delay to the National Cancer Screening Register.

Presentation, initial investigations and referral

Victorian colonoscopy categorisation guidelines

Victorian colonoscopy categorisation guidelines have been developed to support Victorian health services to better manage colonoscopy waiting lists and ultimately improve access and equity in colonoscopy services. An implementation pilot was undertaken in four health services and the guidelines are currently being implemented throughout the state.

National Bowel Cancer Screening Program Colonoscopy Funding

To support the expansion of the Program, between 2017-2020 all Victorian public hospitals providing colonoscopy are now allocated a separate uncapped NBCSP WIES target. This was previously only available to designated provider health services, but has been expanded to include all public health services providing colonoscopy. This funding is provided in addition to the funding provided for other activity and is uncapped and paid according to actual activity. Health services are requested to provide NBCSP colonoscopy according to relevant clinical guidelines that relate to timely access to colonoscopy following a positive FOBT, and are in accordance with the Victorian Colonoscopy Categorisation Guidelines indication of colonoscopy within 30 days following a positive FOBT. The new funding arrangement will improve access for Victorian Program participants to colonoscopy and support Victorian public health services to meet the increase in demand during the expansion of the Program.

Nurse endoscopist training

A Victorian nurse endoscopist training centre has been established at Austin Health. Currently there are fourteen nurse endoscopists in Victoria who have either qualified or are about to complete their training. Funding has been provided to facilitate the increase of nurse endoscopists practicing throughout the state, including at regional health services.

Colorectal cancer clinical practice guidelines 2017

Released in October 2017, these National Health and Medical Research Council endorsed guidelines aim to provide evidence-based information and recommendations to guide practice across the continuum of cancer care including colorectal cancer prevention, screening and diagnosis, clinical aspects of surgery, radiotherapy and chemotherapy, follow-up and psychosocial care. The guidelines also provide an evidence base for the National Bowel Cancer Screening Program. These guidelines do not cover surveillance colonoscopy. An update of the 2011 Clinical Practice Guidelines for Surveillance Colonoscopy is currently underway.

Colonoscopy Recertification Program

The Commonwealth Department of Health funded the Gastroenterological Society of Australia to implement a national colonoscopy recertification program in Australia. Colonoscopists have begun the recertification process. The program is voluntary.

Colonoscopy Clinical Care Standard

The national *Safety and Quality Model for Colonoscopy Services in Australia (2017)* was developed by the Australian Commission on Safety and Quality in Health Care at the request of the Commonwealth Department of Health. The model requires health services to demonstrate implementation of a Colonoscopy Clinical Care Standard, certification and recertification of proceduralists, and local monitoring of a set of quality indicators. The final set of indicators to be released with the final clinical care standard will be accompanied by specifications which aim to support consistent collection of data.

The draft Standard, indicators and accompanying support materials were available for public consultation until 29 December 2017. The Commission is currently reviewing all feedback and will use this analysis to finalise the

clinical care standard - <https://www.safetyandquality.gov.au/our-work/clinical-care-standards/colonoscopy-clinical-care-standard/>

Changes to colonoscopy MBS item numbers

MBS items for colonoscopy 32090 and 32093 are soon to be replaced by 20 new MBS items that better describe the indications for initial colonoscopy and ensure appropriate surveillance intervals of patients at increased risk of developing colorectal cancer. The new items will also define the examination of the colon 'to the caecum' to ensure that a comprehensive examination is performed. Claiming restrictions will apply with other colonoscopy services (same day, same patient, same practitioner).

These changes are intended to address significant national variation in per capita use of colonoscopy that cannot be explained by clinical or patient demographic factors. These changes are based on recommendations of the Medicare Benefits Schedule Review Taskforce.

Further information - <http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-ColonoscopyServices>.

MBS items – NBCSP colonoscopy

In May 2016, two NBCSP colonoscopy item numbers (32088 and 32089) were implemented to enable more accurate recording of follow-up colonoscopies being conducted as a result of the Program.

If you have any questions, or would like any further information, please contact Sally Doncovio via email Sally.Doncovio@dhhs.vic.gov.au.