Cancer control in general practice: strengthening links

Funding submission

July 2007
Executive summary

This funding submission is a joint proposal of the Australian General Practice Network, The Cancer Council Australia and the National Breast Cancer Centre, to enhance cancer control through general practice. It seeks Commonwealth funding for a pilot program to strengthen the linkages between general practice and a number of important existing and emerging government cancer control programs.

The primary health care sector is pivotal to reducing the human and economic costs of cancer through enhanced prevention, early detection, post-treatment healthcare and a multidisciplinary approach to patient care. The cancer control role of general practice could be significantly enhanced by developing a structure to link the programs and capacity of the AGPN, The Cancer Council Australia and the NBCC to key government programs such as:

- Cancer Australia’s CanNET and Cancer Professional Development programs;
- The Department of Health and Ageing’s Lifescripts program;
- National cancer screening programs, including the emerging National Bowel Cancer Screening Program, and leveraging elements of the Practice Incentive Program designed to maximise screening participation;
- The Council of Australian Governments’ Australian Better Health Initiative.

The guiding principles for Cancer control in general practice: strengthening links would be the 11 (of a total of 19) critical intervention points directly relevant to general practice in the intergovernmental National Service Improvement Framework for cancer.

The pilot would be developed in collaboration with Cancer Australia. AGPN would be the lead agency, drawing on its extensive GP support infrastructure. The pilot would be implemented through selected local Divisions of General Practices in three of the CanNET sites, to maximise its potential to link with the work of Cancer Australia and to assess its effectiveness in varied settings.

A management committee, comprised of senior staff from the three partner organisations, Cancer Australia representation and local healthcare professionals, would oversee the pilot and regularly report on progress to facilitate independent evaluation, with a view to national implementation. It is proposed that Cancer Australia appoint an independent evaluation team for the pilot.

A budget in the range of $1 million is proposed, to cover the costs of: national coordination; employing a local primary care liaison officer in each participating division; general practice clinical leadership resources; assessment of GP clinical attachments to local cancer care services; expert input from The Cancer Council Australia and the NBCC; pilot evaluation.

The pilot would run for approximately two years.

This proposal contains additional details about the program including rationale, structure, outcomes, budget and timelines.
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Overview

Cancer is Australia’s largest disease burden\(^1\) and is projected to increase in incidence by more than 30% from 2002 to 2011.\(^2\)

An Australian Institute of Health and Welfare overview of cancer in Australia published in June 2007\(^3\) reported that:

- In 2006 there were an estimated 106,000 new cases of cancer in Australia in 2006, a 34% increase in 10 years, and 39,200 deaths, a 12% increase in 10 years;
- The risk of a cancer diagnosis by age 85 is one in two for males and one in three for females;
- In 2004-05, 10% of all hospital admissions in Australia were cancer-related and the numbers increased by 4.5% a year from 2000-01 to 2004-05.

The Australian and state/territory governments have developed a number of initiatives over the past decade to reduce the burden of cancer in Australia, including:

- Declaring cancer a National Health Priority Area in 1996;
- Developing the intergovernmental National Service Improvement Framework (NSIF) for Cancer;
- The Australian Government’s $189.4 million Strengthening Cancer Care program;
- The Australian Government’s Lifescripts program, promoting risk factor management in general practice; and
- The Council of Australian Governments Australian Better Health Initiative, which includes a number of cancer control measures.

This proposal demonstrates how additional support for general practice, through a partnership of the Australian General Practice Network, The Cancer Council Australia and the National Breast Cancer Centre, working closely with Cancer Australia, would complement the government commitment to cancer control in Australia.

Cancer control and general practice

The involvement of general practice is essential to effective cancer control. As well as the role played by GPs in referral pathways for people with a cancer diagnosis, primary health care professionals are integral to cancer prevention, early detection and screening, as well as survivorship (post-treatment healthcare).

The latest national data on cancer in Australia\(^3\) further demonstrates the pivotal role of primary health care professionals. The most common registered cancers diagnosed in Australia in 2006 are all of great significance to general practice: prostate cancer (e.g. detection advice), colorectal cancer (prevention, screening),

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\(^1\) The burden of disease and injury in Australia, 2003. AIHW & Brisbane: University of Queensland, 2007
\(^2\) Cancer incidence projections Australia 2002 to 2011, AIHW, 2005
\(^3\) Cancer in Australia: an overview, 2006, AIHW, 2007
breast cancer (prevention, screening etc.), melanoma (prevention, detection etc.) and lung cancer (prevention, detection etc.) require a range of important advice from the general practice sector that could significantly reduce the impact of cancer in Australia.

**Existing and emerging initiatives**

Current government cancer control commitments could be complemented by an increasingly structured approach to underpinning the involvement of general practice. Key examples of the potential for enhanced GP involvement in cancer control include:

- The critical intervention points in the NSIF for cancer, 11 (out of 19) of which are directly relevant to general practice;\(^4\)
- The Australian Government’s Strengthening Cancer Care initiative, in particular:
  - The establishment of Cancer Australia, whose Cancer Service Networks National Demonstration program (CanNET) presents an important opportunity to link with general practice;
  - The Cancer Professional Development (CPD) program, which is developing tools to facilitate cancer professional development in GPs;
  - The National Bowel Cancer Screening Program, which includes an important role for GPs.
- The Australian Government’s Lifescripts program to improve management of chronic disease risk factors, implemented through the AGPN; and
- The COAG Australian Better Health Initiative, which includes a number of chronic disease prevention measures through primary health care.

**Cancer Australia**

Cancer Australia’s CanNET and Cancer Professional Development programs are particularly significant to general practice.

CanNET is being developed to improve access to quality and clinical effective cancer services in Australia. CanNET is working to achieve this aim through linking regional and metropolitan cancer services into single care networks in specified CanNET sites. The CPD program is being rolled out simultaneously with CanNET, to provide primary care service providers with professional development in cancer treatment and management in selected CanNET sites.

*Cancer control in general practice: strengthening links* would complement all of these initiatives with the aim of building the primary health care sector’s capacity to reduce the burden of cancer in Australia through enhanced prevention and early detection advice and improved referral pathways and multidisciplinary care involving general practice. Its aim would be to support and link closely with Cancer Australia’s CanNET and CPD projects, as well as the other existing government initiatives outlined in this proposal.

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\(^4\) See Attachment 1 – NSIF intervention points.
This proposal seeks Commonwealth funding to pilot the *Cancer control in general practice: strengthening links* model in selected CanNET sites and evaluate the project as a potential national approach.

**Rationale**

A key aim of this proposal is to implement a pilot program of coordinated support for the improved prevention and management of cancer through general practice, to be delivered through selected divisions of the AGPN and in conjunction with CanNET and the CPD project. The outcomes of the pilot program would be used to assess the feasibility of establishing a national program.

This proposal has been developed to link with CanNET and the CPD project. It would also explore increasing the capacity of primary health care services to strengthen cancer prevention and early intervention strategies by building on other government programs and the capacity of the submitting organisations.

*Cancer control in general practice: strengthening links* would be piloted in the three CanNET sites selected for the CPD pilots, supporting linkages between these programs and the local general practice workforce. This would enable evaluation of Cancer Australia formally engaging Divisions of General Practice, supported by Cancer Council and NBCC resources, to deliver its GP-specific professional support programs.

To maximise its capacity to complement Cancer Australia’s programs, the pilot would focus specifically on NSIF critical intervention points that are not directly addressed by CanNET and the CPD, such as the early detection of cancer and management of cancer patients after active treatment.

Drawing on Cancer Council and NBCC resources, the program would also strengthen the cancer focus of the Lifescript framework, developed through Commonwealth Department of Health and Ageing funds to support GPs, practice nurses and other general practice professionals in managing chronic disease risk factors through consultation with patients. The *Lifescripts* framework and resources would assist general practitioners to set lifestyle change goals with patients and to organise an ongoing review of lifestyle risk factors in a cancer context.

The pilot would also explore opportunities to support the primary health care activities in the COAG Australian Better Health Initiative.

**Outcomes**

Key outcomes of the proposal would be a structure to support:

- Improved knowledge in the general practice workforce of cancer control across the 11 critical intervention points in the NSIF directly relevant to general practice;
- Enhanced engagement of the GP workforce in CanNET activities, including facilitating multidisciplinary care and continuity of care, establishing local networks and referral pathways, and strengthening the primary and specialist care interface; and
- Enhanced engagement of the GP workforce in the piloting and delivery of CPD;
Strengthening Prevention and Early Detection of Cancer Through General Practice

- Enhanced GP participation in the *Lifescripts* and Australian Better Health Initiatives programs in a cancer prevention context; and

- Enhanced support for GP involvement in cancer screening programs, including the National Bowel Cancer Screening Program.

**Submitting organisations**

*Cancer control in general practice: strengthening links* has been developed jointly by the Australian General Practice Network, The Cancer Council Australia and the National Breast Cancer Centre, three leading national agencies in cancer control and general practice support.

**Australian General Practice Network**

AGPN is the peak national body representing 119 Divisions of General Practice throughout Australia. The Divisions of General Practice network is a unique infrastructure covering the whole of Australia. It supports and links general practice with the wider health system and brings together Australian Government, state and territory programs for integrated service delivery. Over 95 per cent of GP’s in Australia are members of their local Divisions of General Practice.

The Divisions network also has a significant role in supporting team based primary care approaches, by linking allied health professionals with general practitioners and coordinating service delivery at the local level. Divisions are well experienced in implementing health promotion and general practice training programs and have a strong knowledge of their local population health and community needs.

**The Cancer Council Australia**

The Cancer Council Australia is Australia’s peak non-government cancer control organisation, promoting the national priorities of the eight state and territory Cancer Councils. Through its members, the Cancer Council provides a range of cancer control services, including research, telephone support, professional and public education, and volunteer programs. After government, the Cancer Councils are Australia’s greatest contributor to cancer research.

The Cancer Councils employ general practitioners, epidemiologists, behavioural scientists, and research and education professionals. The Cancer Council Australia’s network of national expert committees features a GP committee whose remit includes providing advice and resources to improve cancer control in general practice. Member bodies run GP liaison programs as part of their core business. (A good example of Cancer Council innovation in general practice is a program in NSW designed to prevent liver cancer through GP management of hepatitis B.)

**The National Breast Cancer Centre**

The NBCC provides a range of services to encourage best clinical practice in the management of breast and ovarian cancer. These include the development and promotion of clinical practice guidelines; trialling new models of patient care; specialised training programs to improve the skills and knowledge of health professionals, including those in general practice, who manage the care of women with breast and ovarian cancer; and providing advice to government and peak health bodies on all aspects of breast and ovarian cancer control.
Pilot governance

As the agency with extensive infrastructure to support general practice in the context of this proposal, AGPN would provide overall management of Cancer control in general practice: strengthening links.

A management committee initially comprising a representative of each partner organisation would be established to oversee the pilot program and to provide guidance and support to ensure outcomes are met.

The role of the management committee would be to:

- Select the Divisions of General Practice through which the pilot would be conducted. Once selected, a representative from each Division or pilot site would join the management committee;
- Provide overall project guidance, including advice on implementation strategy and resource development;
- Ensure linkages and coordination with relevant cancer care initiatives and stakeholders, such as CanNET and CPD;
- Monitoring and reporting progress of the pilots;
- Appointing the national co-ordinator; and
- Evaluating the pilots and making recommendations regarding the feasibility of establishing a national program.

The management committee would establish a national primary care cancer control network to facilitate enhanced linkages and future collaborations between key national primary health care and cancer care stakeholders.

The management committee would also manage the input of expertise and resources from The Cancer Council Australia and the NBCC and oversee administration of the pilot budget.

Ongoing consultation and liaison between the management committee and Cancer Australia would be undertaken throughout all stages of the pilot’s development, implementation and evaluation.

Implementation

National coordination

Working with the management committee, AGPN would develop and implement the program. This would involve:

- Support for and liaison with participating Divisions;
- Liaising with the local coordinators; and
Strengthening Prevention and Early Detection of Cancer Through General Practice

- Liaising and reporting to government.

Local primary health care coordination

Participating AGPN divisions would be selected to align with the three CanNET sites that will be conducting the CPD pilots. (At this stage, specific local sites have yet to be announced but will be located in NSW, Victoria and Western Australia.)

Divisions within the boundaries of the CanNET/CPD pilot sites would be selected to participate through a call for expressions of interest and would be selected in a merit-based process by the management committee.

Local committees would be established in each pilot site to guide local action and stimulate community and stakeholder engagement. These committees would include:

- A local primary cancer care liaison officer in each participating division to implement the program at a local level, working with the local committee to guide action and stimulate community and stakeholder engagement;
- Local primary health care professionals, including from the hospital sector;
- CanNET representatives; and
- Consumer and carer representatives.

To ensure effective linkages with CanNET and ongoing sustainability of the overall network, local governance would ideally integrate with the CanNET governance structure in each site. This would involve local management committees of the Cancer control in general practice: strengthening links linking with and supporting the local management committees to be established under the CanNET program. AGPN, The Cancer Council Australia and the NBCC would establish an appropriate structure and terms of reference for the respective committees to ensure their work complements that of the CanNET bodies, including the establishment of joint roles where appropriate.

Program structure and deliverables

Cancer control in general practice: strengthening links would pilot a cancer control program tailored to the general practice setting by harnessing and coordinating the various resources and structures already existing within the partner organisations and Cancer Australia.

The program would be a mechanism to help engage the general practice workforce in CanNET and in the delivery of CPD. Where appropriate, elements of the program would be developed in conjunction with CanNET and other cancer control programs delivered by government.

Additional elements not specifically covered by the CanNETs, relating to prevention, early detection and management of cancer patients after active treatment, would also be developed to ensure the full range of NSIF critical intervention points are covered. This would involve drawing on existing resources that have been developed to assist GPs and other primary health care providers in identifying risk factors for chronic disease, such as the Lifescripts program.
Cancer control in general practice: strengthening links would be delivered through Divisions of General Practice and would leverage the local divisions’ capacity to link the full range of private and community-based providers to the CanNET program. This would facilitate the development of effective, locally appropriate systems supporting multidisciplinary care.

The role of Divisions in delivering the program would include providing support and resources to GPs and building linkages with local service providers to improve access to multidisciplinary team arrangements for cancer patients.

The program’s short-term deliverables would be:

- Strategies/systems to strengthen cancer prevention, early detection and post-treatment management in general practice;
- Linkages with the local CanNET site to:
  - facilitate multidisciplinary care;
  - facilitate longer-term continuity of care; and
  - establish local networks and referral pathways.
- Information resources, and systems for their dissemination, to meet the needs of the general practice workforce and consumers (tailoring/expanding/ existing resources of the submitting organisations);
- Tools to support continuity of care and multidisciplinary care; and
- Mechanisms for ongoing professional development, training and support for general practice across the cancer control spectrum.

Evaluation

The management committee would collate regular progress reports on the project’s effectiveness in terms of the proposed deliverables and outcomes. This information would inform a comprehensive, independent evaluation of the pilot program, including recommendations and guidelines for national implementation if it is shown to be effective.

Cancer Australia is calling for tenders for a CanNET National Support and Evaluation Service to evaluate CanNET. It is proposed that a supplementary brief be included for the successful applicant to evaluate the elements of this proposed pilot that are outside the scope of CanNET.

Budget

Preliminary analysis indicates that a budget in the range of $1 million over two years would meet the costs associated with:

- National coordination;
- The appointment of a local primary care cancer liaison officer in each participating division;
Strengthening Prevention and Early Detection of Cancer Through General Practice - proposal

- General practice clinical leadership and input in local governance structures and CPD pilots;
- Exploration of GP clinical attachments to cancer care services locally;
- Expert input from The Cancer Council Australia and the NBCC.
- Pilot evaluation.

Timelines

Timelines for this proposal would align with the CanNet and CPD pilot timeframes to the extent possible. The funding period for this proposal is approximately two years.

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<thead>
<tr>
<th>Timeframe</th>
<th>Action</th>
<th>Lead Agency</th>
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<tbody>
<tr>
<td>Within 4 weeks of commencement</td>
<td>Establishment of Management Committee</td>
<td>AGPN, TCCA and NBCC</td>
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<tr>
<td>Within 4 weeks of commencement</td>
<td>Nomination of Management Committee representative to CanNET National Support and Evaluation Service</td>
<td>AGPN, TCCA and NBCC</td>
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<tr>
<td>Within 4 weeks of commencement</td>
<td>Recruitment of National Coordinator</td>
<td>AGPN</td>
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<tr>
<td>Within 4 weeks of commencement</td>
<td>Establish communication and consultation mechanisms with Cancer Australia to link in with CanNET and Strengthening Cancer Care CPD Project</td>
<td>AGPN, TCCA and NBCC</td>
</tr>
<tr>
<td>Within 8 weeks of commencement</td>
<td>Selection of participating Divisions of General Practice</td>
<td>AGPN supported by Management Committee</td>
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<tr>
<td>Within 12 weeks of commencement</td>
<td>Recruitment of local primary care cancer liaison officer at each participating Division</td>
<td>Divisions of General Practice support by AGPN and management committee</td>
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<tr>
<td>Within 16 weeks of commencement</td>
<td>Establishment of local committees and nominations of representatives to local committee</td>
<td>Management committee and Divisions of General Practice</td>
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<tr>
<td>Within 32 weeks of commencement</td>
<td>Tailoring/adaptation of information resources and tools</td>
<td>Management Committee (TCCA and NBCC)</td>
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<tr>
<td>Within 32 weeks of commencement</td>
<td>Development/sourcing of professional development</td>
<td>Management Committee (TCCA and NBCC)</td>
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<tr>
<td>Time Period</td>
<td>Task Description</td>
<td>Responsible Party</td>
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<tr>
<td>Within 32 weeks of commencement</td>
<td>Development of evaluation tools</td>
<td>Management Committee in conjunction with Cancer Australia and contracted CanNET evaluator</td>
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<tr>
<td>From week 33 for 12-18 months</td>
<td>Implementation of pilot program</td>
<td>Management Committee, Divisions of General Practice in conjunction with Cancer Australia (CanNET and Strengthening Cancer Care CPD project)</td>
</tr>
<tr>
<td>During final two months of project period</td>
<td>Evaluation and report writing</td>
<td>Management Committee Independent third party, contracted by Cancer Australia</td>
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Attachment 1 – NSIF critical intervention points

Reduce risk

1. Establish National, State/Territory and local plans to further reduce rates of smoking using evidence-based public health strategies and government actions.

2. Establish National, State/Territory and local plans to increase rates of protection of skin from the sun using evidence-based public health strategies and government actions.

3. Establish National, State/Territory and local plans to promote healthy eating and active living including healthy weight in collaboration with other national health priorities and policies.

Find cancer early

4. Improve strategies (particularly via primary care) to increase participation in breast cancer screening, and to increase participation by under-screened groups in cervical screening.

5. Improve programs to provide more appropriate and accessible breast and cervical screening services for Aboriginal and Torres Strait Islander women.

6. Complete and evaluate the bowel cancer screening pilot which will assist in informing governments about the acceptability, feasibility and cost effectiveness of introducing a national bowel screening program.

7. Develop and disseminate support and information for general practitioners and for people with cancer, about the diagnosis of symptoms which may be cancer including recommendations about appropriate investigation and referral pathways.

8. Improve systems so that all people with suspected cancers are referred appropriately and assessed promptly and effectively.

Management and support during active treatment

9. Improve access to treatment services for all Australians, particularly those living in regional, rural and remote areas and Aboriginal and Torres Strait Islander people.

10. Develop systems to improve the coordination of care for people with cancer including defined referral pathways and designated coordinators of care.

11. Develop and implement strategies to encourage multidisciplinary care.


13. Develop and implement strategies to encourage cancer services and people with cancer to participate in clinical trials.

14. Provide information through accreditation of services, credentialing of practitioners or other strategies to help people with cancer assess the quality of care being provided.
15. Work towards improving supportive care for people with cancer by implementing the psychosocial clinical practice guidelines.

**Management and support after and between periods of active treatment**

16. Develop and implement strategies so that the needs of people with cancer after and between periods of active treatment are met.

17. Provide appropriate information for people with cancer about follow-up, practical issues, support services and self care.

**Care at end of life, if cancer is not curable**

18. Improve timely and appropriate access to adequate palliative care services and medications and monitor the impact.

19. Develop models of end of life care that ensure integration with treatment services and coordination among community services and palliative care teams.