



Primary Health Networks and Primary Care *role in cancer control*

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CEO



Australian Government

phn
SOUTH EASTERN NSW

An Australian Government Initiative



PHN programme objectives

- Increasing the efficiency and effectiveness of medical services, particularly for those at risk of poor health outcomes.
- Improving coordination of care to ensure people receive the right care in the right place at the right time.



31 regionally based meso organisations

PHNs facilitate the translation of policy and evidence into practice

- Think globally (what and why)
- Act locally (the how)



PHNs are uniquely well positioned to drive system change

- Even though PHNs are funded by the Commonwealth, we are **accountable to our local populations**
- Our mandate is to drive change in our local health systems and accelerate the introduction of innovations that will **deliver the greatest improvements to the lives of the people who live in our region**

PHN key functions

We use our knowledge and understanding of local health and healthcare needs to:



*General Practices include
Aboriginal Medical Services

SOUTH EASTERN NSW PHN REGION - 2019/20



Population

Total population
625,186+



19.9% aged over 65 years

spend a total of
13 million tourists
18 million nights

More than
25,800 (4.2%)
people identify
as Aboriginal
and Torres
Strait Islander



High socio-economic
disadvantage:

42%
of the population



51.9% people live in major cities

38.5% in inner regional areas

9.6% in outer regional areas

55,200+ (9.3%)
culturally and linguistically
diverse people



Projected population growth:
8.4% between 2016-2026



Health and older persons' services

More than
730
GPs



198
general practices



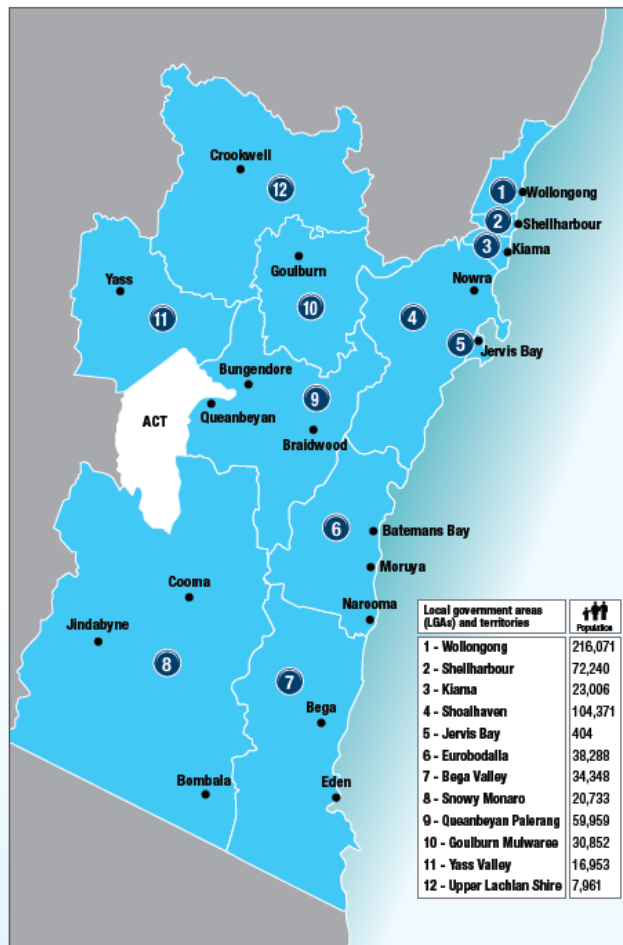
79
residential aged
care facility sites



22
public hospitals

16
emergency
departments

30
community
health centres





Role in cancer screening

- A key focus for PHNs is to increase cancer screening rates across a range of demographics, including older people, Aboriginal and Torres Strait Islander peoples, and culturally and linguistically diverse communities.
- To achieve this, we work with local community and general practice to implement prevention strategies, promote awareness for cancer screening initiatives and enhance access to services.

Data from the RBCO and national cancer screening program reports:

- Overall, our region performs better than NSW average regarding national screening programs.
- However, there is wide variation among local areas.



Participation rates in national cancer screening programs (2018-2019): a local area focus

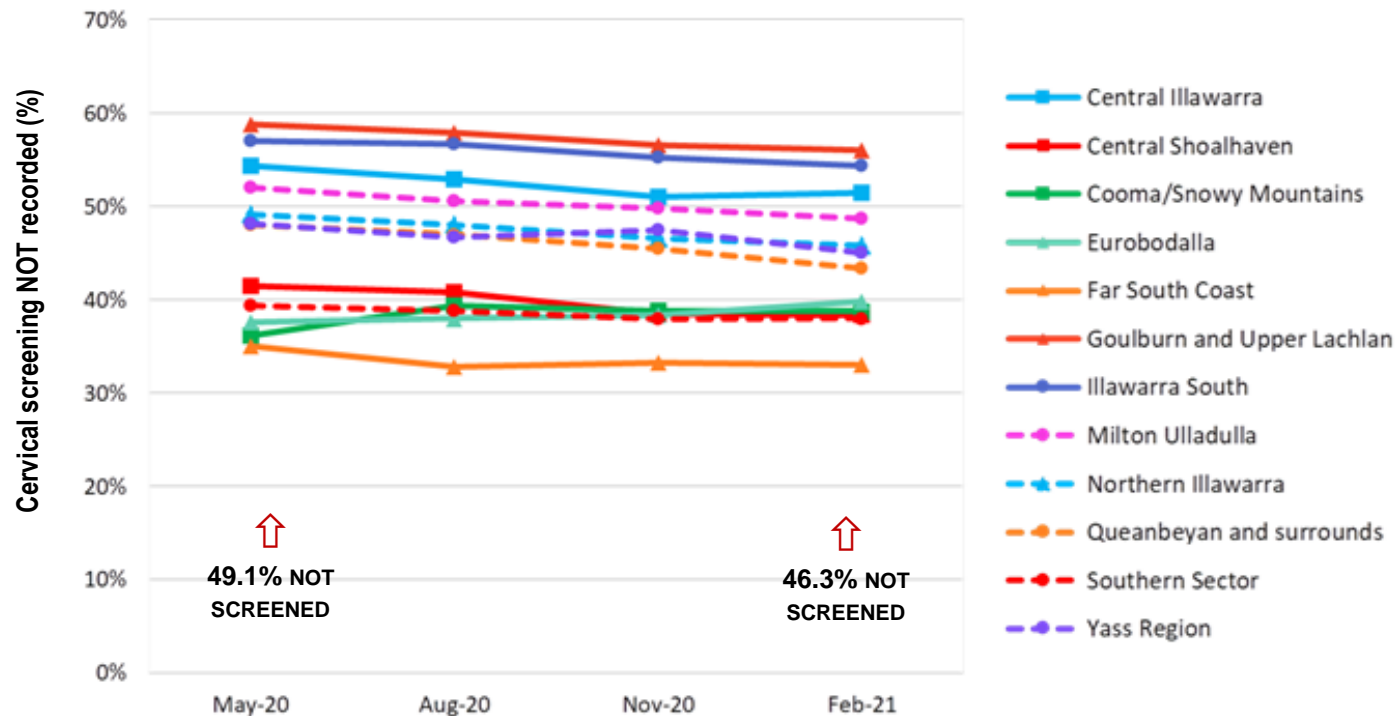
Areas Version 1	National Cancer Screening Program Participation (%)		
	Bowel Screening for 50–74 year old persons	Breast Screening for 50–74 year old females	Cervical Screening for 25–74 year old females
Dapto - Port Kembla	39.6%	50.8%	41.1%
Goulburn - Mulwaree	43.2%	61.6%	37.5%
Kiama - Shellharbour	44.8%	57.8%	45.3%
Queanbeyan	42.9%	61.4%	44.8%
Shoalhaven	46.7%	57.8%	47.2%
Snowy Mountains	44.8%	65.1%	43.1%
South Coast	49.2%	64.3%	48.8%
Wollongong	43.8%	54.2%	50.3%
Young - Yass	42.6%	62.2%	41.9%
SENSWPHN	44.8%	58.3%	45.9%
NSW	40.8%	54.4%	44.1%
Australia	43.8%	54.8%	46.3%



“Never screened” cervical cancer project

- **GP quality improvement (QI) project**
- Approach: used general practice data to develop local prevention approaches, including cancer screening
- COORDINARE’s Sentinel Practices Data Sourcing (SPDS) project – collects de-identified data relating to patient visits to their general practitioners.
- Using the general practice data, we helped GPs to identify women eligible for the cervical screening program who attended their practices who had *never been screened*
- Project aligns with the Cancer Institute’s Quality Improvement Toolkit

Women aged 25-74 years with up-to-date cervical cancer screening (HPV) NOT recorded



10,800 more women screened or data recorded over 9 months



Prevention – new models of care in general practice

Commission
locally needed
services

- Trialling Shared Medical Appointments model
- Group appointment model with appropriately trained clinician
- Prescribed modules developed with Australian Lifestyle Medicine
 - Smoking cessation
 - Weight management
 - Chronic pain



Service and System Integration: HealthPathways



- HealthPathways: Online access portal used by GPs and hospital clinicians for local referral and other health service information
- 29 PHNs use HealthPathways nationally
- Optimal Care Pathways are national guides that describe the best possible cancer care for patients with specific types of cancer.
- Localised HealthPathways for lung, colorectal, prostate and gastric cancers, as well as melanoma, are now available
- Pathways are kept current and updated regularly at a local by GP clinical editors

- Health
- Acute Services
- Allied Health
- Child Health
- Investigations
- Preventive Care
- Medical
- Medicolegal
- Mental Health
- Older Persons' Health
- Pharmacology
- Public Health
- Reproductive Health
- Specific Populations
- Surgical
- Women's Health
- Our Health System
- Search National Health Services Directory



Illawarra Shoalhaven

COMMUNITY

HEALTHPATHWAYS

Health Alert

- [Latest COVID-19 Case Locations in NSW](#)
- [COVID-19 Assessment Clinics in Illawarra and Shoalhaven](#)

Latest News

23 January

NSW Health Alerts

- [Emergency Preparedness](#)
- [Infectious Disease Alerts](#)

23 January

Expressions of interest in phase 1b of Australian Govt

Pathway Updates

NEW - 11 February

[Multidisciplinary Rehabilitation Assessment](#)

NEW - 5 February

[COVID-19 Vaccination Information](#)

Updated - 4 February

[COVID-19 Impact on Clinical Care](#)

Updated - 22 January

[Paraproteinaemia \(Monoclonal Gammopathy and MGUS\)](#)

Updated - 22 January

[Immunisation - Adults](#)

PBS ONLINE

GP COLLEAGUE REFERRALS

USEFUL WEBSITES

MBS ONLINE

EDUCATION AND EVENTS

PROJECT WEBSITE

NHSD



Rehabilitation Medicine

Respiratory

Asthma in Adults

Bronchiectasis

Chronic Cough

Community-acquired Pneumonia (CAP)

COPD

Dyspnoea

Haemoptysis

Home Oxygen

Incidental Lung Lesion

Legionnaires' Disease

Lung Cancer – Diagnosis

Lung Cancer – Established

Silica Exposure

Spirometry Testing and Interpretation

Tuberculosis (TB)

Respiratory Requests

Medical / Respiratory / Lung Cancer – Diagnosis



Lung Cancer – Diagnosis

Red Flags

- ▶ Stridor
- ▶ Signs of superior vena cava obstruction

Background

[About lung cancer](#)

Assessment

Practice point

- Lung cancer can occur in non-smokers, especially in South-East Asian women.²
- Normal chest X-ray does not exclude lung cancer.²
- Survival after lung cancer diagnosis at any stage is improved by quitting smoking.¹

1. History:

- Consider lung cancer diagnosis for [these symptoms](#)
- Consider [risk factors](#)



Rehabilitation Medicine

Respiratory

Asthma in Adults

Bronchiectasis

Chronic Cough

Community-acquired Pneumonia (CAP)

COPD

Dyspnoea

Haemoptysis

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1. History:

- Consider lung cancer diagnosis for [these symptoms](#) ∨.
- Consider [risk factors](#) ∨.
- Consider referral to a respiratory physician for consideration of annual low-dose CT screening for [high-risk patients](#) ∨.³ Note that there is no national consensus about screening for lung cancer, and no medicare rebate.
- Assess levels of emotional distress of patient and carer/family, and identify key areas of concern and consider any psychological risk factors.

2. Examination:

- [BMI](#) ∨
- Signs requiring airway protection and emergency assessment:
 - Stridor
 - SVC obstruction. Acute signs include venous engorgement with bull neck, headache, and laryngeal oedema with cough and voice change.
- [Other signs suggestive of lung cancer](#) ∨.

3. Investigations:

- Chest X-ray.
 - If abnormal or suspicious, [refer immediately](#) and arrange a contrast CT chest and upper abdomen.
 - If normal but symptoms persist, arrange a contrast CT chest and upper abdomen.





Rehabilitation Medicine

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Management

Practice point

Multidisciplinary care is the best practice approach to providing evidence based care. Refer to a respiratory specialist linked to a [lung cancer multidisciplinary team](#).²

1. Check [indications for referral](#).
2. Arrange [urgent referral for respiratory assessment](#) (with imaging). If the patient chooses private referral, ensure that the specialist is a member of a lung cancer multidisciplinary team (MDT). The specialist appointment should be within 2 weeks of referral.
3. Provide patient with the [What To Expect: Lung Cancer](#) brochure from Cancer Council Australia.
4. Initiate [smoking cessation program](#).
5. Continue active role in management of [established lung cancer](#).

Request

- Refer any red flags to the [Emergency Department](#) immediately.
- Refer all other patients for [urgent respiratory assessment](#), either to the hospital respiratory department, or a private respiratory physician who attends a lung cancer multidisciplinary team (MDT) meeting. [Lung cancer care coordinators](#) are able to assist with referring to MDTs if needed.
- Patients who have metastatic disease demonstrated on imaging can be referred to a medical oncologist affiliated with the [Lung Cancer MDT](#).
- In most cases if referral to an oncologist or thoracic surgeon is required it will be arranged by the respiratory physician.
- Refer to [Palliative Care Services](#):
 - if symptomatic metastatic disease not addressed by current management, or
 - for assistance with [symptom management in palliative care](#).

Local referral details

Local referral details

Local referral details

Local referral details



ISSUE: GPs in Southern NSW refer to Canberra Hospital

INTEGRATE services & systems

'Unacceptable': Canberra's cancer patients face nation's longest wait for treatment



Dan Jervis-Bardy

ACT Politics



Cancer patients in the ACT face the longest average wait time in the nation before starting radiotherapy treatment, new figures show.

The ACT government has blamed increased patient demand, staff shortages and the lengthy process to replace old machines for the delays, which are exposed in [new data from the Australian Institute of Health and Welfare](#).

The opposition has described the wait times as "unacceptable", fearing blowouts could put patients at increased risk.



Opposition health spokeswoman Vicki Dunne, who says the wait times are "unacceptable". Picture: Sitthixay Dittthavong

The Canberra Times
TO SERVE THE NATIONAL CITY

August 7 2019



SHOALHAVEN CANCER CARE CENTRE (SCCC)

Shoalhaven, NSW, Australia

CLIENT

NSW Health Infrastructure

PROJECT YEAR

2013

OFFICE

Sydney

SERVICES

Acoustics

Communications

Electrical

Security

Vertical Transportation

The new \$35M Shoalhaven Cancer Care Centre (SCCC) has improved access to essential cancer services for the growing South Coast population through every stage of the patient journey. The SRCCC has enhanced haematology, medical oncology and radiotherapy services improving access and wait time for both chemotherapy and radiotherapy.

The project provides a contemporary cancer care centre, with the following facilities:

- › Integrated multidisciplinary cancer care with bunkers, linear accelerators and associated equipment to deliver radiotherapy
- › Ambulatory care services providing multidisciplinary clinics, allowing patients to have their treatment program planned in one visit with increased access to medical oncology, radiation therapy, allied health and support services
- › Teaching and research facilities
- › Clinical offices
- › Scope for further service expansion as population demand required (second linear accelerator and potentially additional chemotherapy chairs).

The contributors to the SCCC major capital works include the Commonwealth HHF Funding, NSW State Government, Shoalhaven City Linear Accelerator and Cancer Treatment Fundraising Committee.



Conclusion

- The NSW Primary Health Care Cancer Framework recognises the essential role of primary care including GPs in cancer control
- PHNs are essential to support GPs to implement programs and integrate services, to meet the needs of the local population
- PHNs should be identified as key organisations to engage and partner with in cancer control