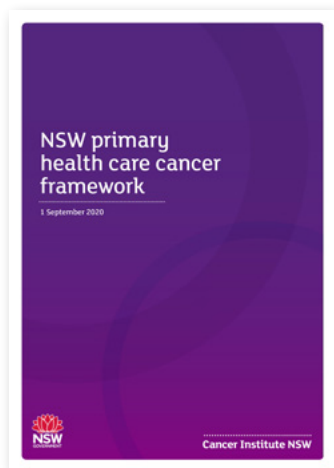


NSW primary health care cancer framework

.....
1 September 2020



.....
Cancer Institute NSW



NSW Primary Health Care Cancer Framework

SHPN: (CI) 200535

ISBN: 978-1-76081-469-4 (print)

978-1-76081-470-0 (online)

Suggested Citation

Cancer Institute NSW. NSW Primary Health Care Cancer Framework. Sydney: Cancer Institute NSW, 2021.

We acknowledge the Traditional Owners of the countries throughout NSW and Australia, and recognise the continuing connection to land, waters and culture.

We pay our respects to all Elders, past, present and emerging.

Publisher

Cancer Institute NSW

1 Reserve Road,

St Leonards, NSW 2065

PO Box 41, Alexandria NSW 1435

Tel: (02) 8374 5600

Email: information@cancer.nsw.gov.au
cancer.nsw.gov.au

Copyright

© Cancer Institute NSW 2021. This work is copyright. It may be reproduced in whole or part for study or training purposes subject to the inclusion of acknowledgement of the source. It may not be reproduced for commercial usage or sale. Reproduction for purposes other than those indicated above requires written permission from the Cancer Institute NSW.

HPRM: E20/17079; Brief: E20/14091

CI-0235-08.20



Contents

1. Introduction	2
2. The role of primary health care across cancer control	
Prevention	4
Screening	4
Early detection and diagnosis	4
Treatment	4
Survivorship	5
Palliative and end of life care	5
Clinical trials	5
3. Priority populations	
Aboriginal communities	6
Culturally and linguistically diverse communities (including refugee communities).....	6
Rural and remote communities.....	6
Socially and/or economically disadvantaged communities	6
Gender and sexuality diverse	6
4. Key focus areas	
Engagement and partnerships	8
Equitable and accessible services	8
Information and communication	9
Data, evaluation and research.....	9
References	10

1. Introduction

The *NSW Cancer Plan* identifies the vital role that primary health care providers play in the provision of integrated person-centred cancer care.

Integrated cancer care contributes to improved experiences for people affected by cancer, health care providers and clinicians. It also impacts the delivery of value-based health care and improved health and cancer outcomes for the NSW population.

The *NSW Primary Health Care Cancer Framework* has been developed to enhance cross-sector integration and engagement with primary health care, to improve cancer control.*

The Framework informs and promotes collaboration between the Cancer Institute NSW (the Institute), primary health networks (PHNs), the Aboriginal Health and Medical Research Council (AH&MRC) and the broader primary health care sector, inclusive of Aboriginal Community Controlled Health Organisations (ACCHOs), peak professional bodies, multicultural health and community agencies, and cancer services.

* Cancer control is about reducing the effect of cancer on individuals, and on the community and involves working to reduce the number of people who get cancer, increase their chance of survival and improve their quality of life.

This Framework recognises:

- the important role of the primary health care sector in the provision of person-centred cancer care
- the significant contribution of primary health care providers in achieving better outcomes for people with cancer
- the number of settings, such as Aboriginal communities, where primary health care is particularly important
- focus areas of activity for collaboration to optimise cancer control and to build the capacity and capability of general practices and ACCHOs.

It will be used to guide the Institute's strategies to enhance engagement with primary health care.

What is primary health care?

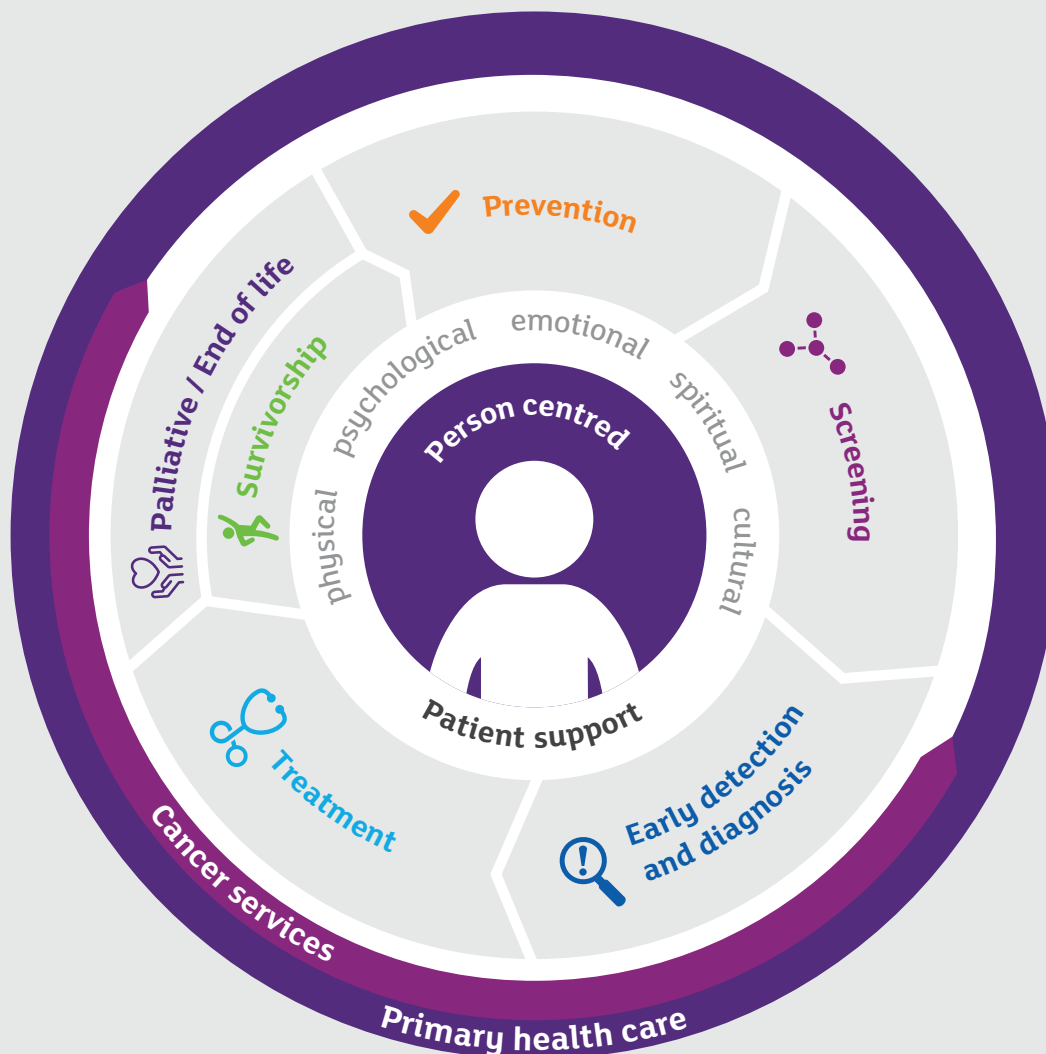
Within the context of the Framework, primary health care describes health policy and service provision at both individual and population levels. It focuses on wide-ranging care, encompassing people's physical, mental and social wellbeing, with an emphasis multidisciplinary practice and inter-sectoral action.



2. The role of primary health care across cancer control

Primary healthcare providers play a pivotal role in supporting people across cancer control.

Figure 1. Primary health care engagement across cancer control



Prevention

There is a link between modifiable lifestyle behaviours and cancer risk, with one in three cancers considered preventable.^[1]

The primary health care sector has a significant role in the prevention of cancer. Its workforce is vital in opportunistically and proactively addressing cancer prevention.

There is clear evidence of the effectiveness of brief interventions to support smoking cessation and promote healthy lifestyle choices (such as limiting alcohol consumption, eating a healthy diet, increasing physical activity and reducing exposure to ultraviolet radiation).^[2,3,4]

Primary health care providers play an important role in providing advice on the benefits of lifestyle changes to reduce cancer risk, and referring people to appropriate services and interventions when required.

Screening

Primary health care providers are important partners in the promotion and delivery of cancer screening programs.

Participation in cancer screening programs is a significant factor in reducing cancer related illness and mortality. Research shows that a primary health care provider recommending or endorsing cancer screening programs increases participation in cervical, breast and bowel screening.^[5,6]

Providers also play a key role in supporting people to seek and participate in cancer screening programs through provision of education and accessible resources.

Early detection and diagnosis

Up to 85% of cancers are diagnosed after symptomatic presentation to primary health care.^[7,8]

As a person's first contact with the health system, primary health care plays an important role in cancer diagnosis through:

- recognising and monitoring early signs and symptoms and identifying where there is a reasonable suspicion of cancer
- assessing patients at increased risk of cancer due to family history or lifestyle factors.

General practitioners (GPs) contribute to improving cancer outcomes through investigations that result in early stage diagnoses. GPs are pivotal in organising relevant and timely investigations in line with Optimal Cancer Care Pathways (OCPs).

GPs refer to the most appropriate facility and specialist for cancer related treatment. It is critical to ensure that patients are referred to specialists working within a multidisciplinary cancer care team (MDT).^[9,10] MDTs are best practice in Australia; they have been shown to have a positive impact on patient outcomes and are also important in facilitating timely and appropriate communication with the primary health care sector.

Treatment

During treatment, primary health care providers provide ongoing holistic care to patients. This includes supporting the person, carers and family in a culturally safe and responsive manner to ensure they access the right information and resources that promote informed decision-making and reduce uncertainty. Support may include addressing concerns related to the cancer diagnosis, treatment, follow-up care, other health-related issues, and issues that may have an impact on quality of life, such as travel to treatment.

They also have a key role in supporting mid-treatment reviews, especially for patients located in rural areas.

Survivorship

With improvements in cancer survival and an ageing population, primary health care will continue to play a vital role in survivorship.

While there are variations in the practice of follow-up cancer care, evidence shows that clinicians and patients support a greater role for primary health care in survivorship. It is essential that providers can identify and address the needs of patients.^[11]

The role of primary health care is advancing in the area of survivorship and shifting towards a chronic disease model of care for some cancers. This includes ongoing surveillance, management of mental and physical co-morbidities, and prevention and screening for other cancers.

Primary health care's involvement in case management and shared care and team care arrangements are important elements of their role in managing cancer as a chronic condition.

Palliative and end of life care

Primary health care provides continuity of care and information across the cancer continuum, including palliative and end of life care. This is part of the normal scope of practice for providers in delivering person-centred care.

The provision of accessible, culturally appropriate and high-quality end of life cancer care to those affected by cancer is an important intersection between cancer services and primary health care.

Clinical trials

Primary health care can play an important role in raising awareness of cancer clinical trials.

Increased awareness of clinical trials changes people's attitudes and willingness to enrol. Participation in clinical trials can provide many benefits, including:

- helping people play an active role in their care
- the potential for earlier access to promising interventions that are not yet widely available
- supporting medical science advancements.

Engaging in conversations with patients about the availability of trials, possible advantages and disadvantages of involvement, and how to enrol is essential to support informed decision-making about participation in research.



3. Priority populations

There are several communities where primary health clinicians are particularly important.

Aboriginal communities

Cultural safety is a key requirement for improving cancer outcomes for Aboriginal people, with care delivered that is integrated across mainstream, Aboriginal health and primary care services. ACCHOs deliver holistic, best practice, culturally appropriate services to the community, based on self-determination and cultural safety. For many Aboriginal people, ACCHOs are their first point of contact with the health system.

Culturally and linguistically diverse communities (including refugee communities)

Primary health care is often the first and critically important interface between culturally and linguistically diverse communities and the NSW health care system. This is often facilitated through community agencies and bilingual primary health care clinicians.

Rural and remote communities

People who do not live near a major city or suburban area often access care differently to their metropolitan counterparts. For example, they may have greater reliance on their local GP to provide specialised care services.

Socially and/or economically disadvantaged communities

People from disadvantaged communities often have greater lifestyle risk behaviours and lower health literacy. They generally see their primary care provider more often than other Australians, making the primary care team important in addressing their varied and diverse needs.^[12,13]

Gender and sexuality diverse

People who are lesbian, gay, bisexual, transgender, transsexual, queer, questioning, intersex, asexual, or pansexual have specific health needs, and some are at a greater risk of cancer. Primary care providers have an important role alongside trusted community-based health organisations to provide accurate cancer-related health information, safe referral pathways and access to cancer care.



4. Key focus areas

There are four key areas of activity for collaboration with the primary health care sector, aimed at optimising cancer control and building the capacity and capability of general practices and ACCHOs.

Figure 2. Key areas for collaboration with primary health care





Engagement and partnerships

Facilitating engagement and developing partnerships across the health system is fundamental to strengthening and supporting the role of primary health care in cancer control.

This includes working in partnership with the primary health care sector through PHNs, the AH&MRC, peak bodies, community agencies and non-Government organisations, and strengthening relationships with specialist cancer services and consumer stakeholders to support coordinated and integrated care.

Activities under this focus area include:

- facilitation of governance structures to support the Institute to enhance peer leadership, engagement and integration across the primary health care sector, and inform future activities
- building and strengthening relationships between primary health care organisations and peak bodies, including those recognised by Aboriginal communities (using the *NSW Aboriginal Cancer Governance and Engagement Framework*) and culturally and linguistically diverse communities (through the *NSW Cancer Multicultural Equity Framework*)
- identifying opportunities to strengthen the adoption of appropriate HealthPathways (at a regional and state level) focusing on clinical guidelines, person-centred care, improved communication and appropriate referral.



Equitable and accessible services

The Institute is committed to improving outcomes for people affected by cancer. Additional work is needed to promote person-centred, culturally appropriate and accessible care across the cancer continuum, and improve access to services and programs for priority populations.

Activities under this focus area include:

- identifying opportunities to co-design shared models of care to enhance and support the role of the primary health care sector across the cancer continuum
- promoting the importance of primary health care providers identifying patients from priority populations, so that they can support access to appropriate cancer care
- facilitating primary health care provider access to information about available support programs (such as programs that provide assistance to patients who need to travel to receive treatment)
- supporting collaborative partnerships, including those between primary health care and specialist cancer services, multicultural agencies and ACCHOs, to improve cancer outcomes in Aboriginal communities and provision of culturally safe, person-centred care
- supporting the implementation of relevant Optimal Cancer Care Pathways, including the *Optimal Care Pathway for Aboriginal and Torres Strait Islander People with Cancer*
- employing a culturally appropriate approach to primary health care through bilingual services, the use of appropriate language resources and interpreter services
- maximising opportunities to utilise virtual care models to support patient access to primary health care and cancer services, including in rural and remote areas.



Information and communication

Access to timely, targeted and up-to-date information in the right format is critical for primary health care providers. This will ensure that the best decisions are made with patients about their care. It will also improve inter-system communication and expand clinician knowledge.

Activities under this focus area include:

- using available data and information, such as the Reporting Better Cancer Outcomes (RBCO) program, to identify areas of need and develop collaborative actions involving primary health care and specialist cancer services
- ensuring primary health care providers can access evidence-based information (such as eviQ and the Institute's patient information) and integrate it into practice
- raising awareness of and embedding Canrefer into general practice (workflow/systems/practice) to guide referral of people to the right place for their treatment
- co-designing and promoting information in collaboration with AH&MRC and other peak professional bodies, such as educational information about cancer control and screening, and resources supporting shared decision making and health literacy
- promoting timely and appropriate communication (through suitable platforms) between primary health care and specialist cancer services regarding referral, diagnosis, treatment and management
- developing and promoting resources with primary health care and consumer stakeholders that support person-centred care, health literacy and shared decision making.

Data, evaluation and research

It is critical to optimise the role of primary health care in cancer control research to support effective use of data, information and evidence to facilitate system improvement.

Activities under this focus area include:

- promoting the range of data and information available to inform PHNs to undertake health and service needs analysis and develop annual population-based needs assessments, including the identification of priority communities within their local areas
- identifying opportunities for improved data usage and linkage to support primary health care quality improvement activities
- undertaking initiatives to ensure primary health care clinicians understand their role in promoting involvement in cancer clinical trials and in assisting patients to make informed decisions regarding participation
- identifying opportunities to strengthen primary health care involvement in cancer control research and evaluation.^[14]

See cancer.nsw.gov.au/primary-care-framework for more information about the implementation of this framework.

References

- 1 Nunez C, Nair-Shalliker V, Sarich P, Sitas F, Bauman A. Modifiable lifestyle factors and cancer risk: An Evidence Check rapid review brokered by the Sax Institute (www.saxinstitute.org.au) for the Cancer Institute NSW, 2018. Available at: www.cancer.nsw.gov.au/how-we-help/reports-and-publications/modifiable-lifestyle-factors-and-cancer-risk
- 2 Beyer F, Lynch E, Kaner E. Brief Interventions in Primary Care: an Evidence Overview of Practitioner and Digital Intervention Programmes. *Curr Addict Rep.* 2018;5(2):265-273. doi:10.1007/s40429-018-0198-7
- 3 Lion A, Vuillemin A, Thornton JS, Theisen D, Stranges S, Ward M. Physical activity promotion in primary care: a Utopian quest?. *Health Promot Int.* 2019;34(4):877-886. doi:10.1093/heapro/day038
- 4 Van Schayck OCP, Williams S, Barchilon V, et al. Treating tobacco dependence: guidance for primary care on life-saving interventions. Position statement of the IPCRG [published correction appears in *NPJ Prim Care Respir Med.* 2017 Sep 5;27(1):52]. *NPJ Prim Care Respir Med.* 2017;27(1):38. Published 2017 Jun 9. doi:10.1038/s41533-017-0039-5
- 5 Emery JD, Shaw K, Williams B, et al. The role of primary care in early detection and follow-up of cancer. *Nat Rev Clin Oncol.* 2014;11(1):38-48. doi:10.1038/nrclinonc.2013.212
- 6 Cancer Institute NSW. NSW Primary Care Strategy for the bowel, breast and cervical screening programs. NSW:Cancer Institute NSW, 2016. Available at: <https://www.cancer.nsw.gov.au/how-we-help/reports-and-publications/nsw-primary-care-strategy-for-the-bowel,-breast-an>
- 7 Emery JD. The challenges of early diagnosis of cancer in general practice. *Med J Aust* 2015; 203 (10): 391-393. Available at: <https://onlinelibrary.wiley.com/doi/full/10.5694/mja15.00527>
- 8 Rubin G, Berendsen A, Crawford SM, et al. The expanding role of primary care in cancer control. *Lancet Oncol.* 2015;16(12):1231-1272. doi:10.1016/S1470-2045(15)00205-3
- 9 Tambe B, Wang CV, Noren E, Duldulao MP, Barzi A, Lee SW. Tertiary Care Multidisciplinary Teams Associated with Improved Survival in Rectal Cancer Patients: A Comparative Study. *Am Surg.* 2018;84(10):1645-1649.
- 10 Rankin NM, Lai M, Miller D, et al. Cancer multidisciplinary team meetings in practice: Results from a multi-institutional quantitative survey and implications for policy change. *Asia Pac J Clin Oncol.* 2018;14(1):74-83. doi:10.1111/ajco.12765
- 11 Meiklejohn JA, Mimery A, Martin JH, et al. The role of the GP in follow-up cancer care: a systematic literature review. *J Cancer Surviv.* 2016;10(6):990-1011. doi:10.1007/s11764-016-0545-4
- 12 Australian Institute of Health and Welfare 2016. Australia's health 2016. Australia's health series no. 15. Cat. no. AUS 199. Canberra: AIHW.
- 13 Gordon J, Valenti L, Bayram C, Miller G. An analysis of general practice encounters by socioeconomic disadvantage. *RACGP Australian Family Physician.* 2016. Vol 45 (10) 693-772 Available at: <https://www.racgp.org.au/afp/2016/october/an-analysis-of-general-practice-encounters-by-socioeconomic-disadvantage>
- 14 Australian Government Department of Health. PHN Needs Assessment Guide. December 2015. Available at: https://www1.health.gov.au/internet/main/publishing.nsf/Content/PHN-Needs_Assessment_Guide



Working
together
to lessen the
impact of
cancer

Cancer Institute NSW

.....
cancer.nsw.gov.au