phn
VICTORIAN-TASMANIAN ALLIANCE
An Australian Government Initiative

Optimal Care Pathways

Tranche 2: State-wide adoption of the prostate and oesophagogastric optimal care pathways into primary health

VICTORIA State Government

This project is supported by the Victorian Government.

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EXECUTIVE SUMMARY

Optimal Care Pathways (OCPs) are national guides developed by clinical experts that describe the best possible cancer care for patients with specific types of cancer. Each OCP describes seven key steps in a patient's cancer journey, from pre-diagnosis to survivorship or end-of-life care, and the expected optimal care at each stage to ensure all people diagnosed with cancer get the best care, regardless of where they live or have cancer treatment.

The Victorian and Tasmanian Primary Health Network Alliance (VTPHNA) was commissioned by the Victorian Department of Health and Human Services (DHHS) through 'An integrated Approach to Optimal Care Pathways' initiative to support an integrated approach to the adoption of the prostate and oesophagogastric OCPs for cancer into primary health.

Primary care is ideally placed to impact adoption of the OCPs through health professionals that work directly with patients across five of the seven steps of the OCPs delivering prevention messages, encouraging and undertaking screening, facilitating early diagnosis, enabling referral to appropriate specialists within optimal timeframes, and supporting patients through active treatment, survivorship and end of life. The VTPHNA provides a state-wide platform to drive primary care system strengthening.

The objectives of this project were to facilitate the adoption of the prostate and oesophagogastric OCPs into primary care through:

- building general practitioner awareness, knowledge and use of the OCPs
- improving collaboration between General Practitioners, cancer specialists and other health professionals
- driving better practice cancer care
- identifying areas for service improvement.

The approach to tranche 2 has been more structured from both DHHS outlining their required focus areas and from the VTPHNA through provision of a multi-layered approach to building awareness and use of OCPs in the state-wide project plan. Adoption strategies across all PHNs were planned as a team to build on resources developed throughout the tranche and planned engagement and communication activities.

A longer lead-in to the project and adequate planning time facilitated HealthPathways development and release earlier in the project period. The flow on effects of a structured and time-efficient approach ensured facilitated additional promotion capability, as PHNs promoted pathways and OCPs simultaneously and used and referenced them extensively in all general practice engagement and education.

PHNs reported excellent collaboration with a broad range of stakeholders that extended and enhanced linkages, which strengthened relationships. Alignment with other projects in the cancer field was again recognised as a crucial element of the OCP project officer role. The team approach and collaboration across PHNs with sharing of information and resources and opportunities to collaborate on education events was noted by all PHNs as an enabler of the project.

Of note were the following results:

- A 57% increase in the number of education events (from 21 to 33) and a three-fold increase in the number of presentations to a diverse range of stakeholders (from 32 to 105) over the results achieved in tranche 1. This achievement points to the growing confidence and improved networks of the OCP team and the advantage of being able to leverage work done in the first tranche, freeing up valuable time for more project work and enabling a broad reach into the targeted audience;

- Five hundred more GP visits than in tranche 1 (1081 to 1544), achieved through in-kind contributions by other PHN teams such as My Health Record and cancer survivorship project staff, demonstrating the value of this work to PHNs;

- Distribution of resource packs to all Victorian general practices that contained OCP, HealthPathways and IPACED resources;

- Three times the number of communication activities (31 to 97) as in the previous tranche, reflecting a more stream-lined approach via provision of a state-wide communications toolkit for each cancer stream linked to promotion opportunities;

- The effective use of videos of GPs and specialists discussing aspects of prostate cancer decision making, treatment and care to enhance education opportunities and extend the reach beyond that of a traditional face to face education encounters; and

- The trial of several new approaches to engagement and education of general practice staff based on identified needs of the target audience providing valuable learnings as PHNs prepare for a third tranche of OCP adoption project work.

1 BACKGROUND

The Victorian Cancer Plan 2016-2020 identifies the provision of consistent quality care through the Optimal Care Pathways (OCPs) as a priority area of focus for the Victorian Department of Health and Human Services (DHHS).

The successful engagement of primary care is a vital component of the successful adoption of OCPs. Primary care professionals work directly with patients across five of the seven steps of the OCPs delivering prevention messages, encouraging and undertaking screening, facilitating early diagnosis, enabling referral to appropriate specialists within optimal timeframes, and supporting patients through active treatment, survivorship and end of life.

The Victorian and Tasmanian PHN Alliance (VTPHNA) was commissioned by DHHS through 'An integrated Approach to Optimal Care Pathways' initiative to support an integrated approach to the implementation of the prostate and oesophagogastric OCPs for cancer into primary health. VTPHNA was provided with a one-off grant for this purpose.

The VTPHNA has entered into agreements with all six Victorian Primary Health Networks (PHNs): Eastern Melbourne PHN (EMPHN), Gippsland PHN (GPHN), Murray PHN (MPHN), North Western Melbourne PHN (NWMPHN), South Eastern Melbourne PHN (SEMPHN) and Western Victoria PHN (WVPHN). NWMPHN are the designated lead and fund-holder for this project on behalf of VTPHNA.

This initiative aligns with key PHN activities and interests in a range of ways, including:

- The PHN national headline indicators to improve cancer screening rates and to reduce avoidable hospitalisation
- PHN priorities including population health, supporting the health workforce, eHealth, and Aboriginal and Torres Strait Islander Health
- PHN roles in relation to General Practice engagement, HealthPathways development, and integration of care for catchments and communities.

1.1 Optimal Care Pathways

Optimal Care Pathways are national guides that describe the best possible cancer care for patients with specific types of cancer. The pathways describe the key stages in a patient's cancer journey, from diagnosis to survivorship or end-of-life care, and the expected optimal care at each stage to ensure all people diagnosed with cancer get the best care, regardless of where they live or have cancer treatment.

As at October 2018, there are sixteen OCPs for different cancers that have either been released or are in the process of being revised, under the auspices of the National Cancer Expert Reference Group. This includes the OCP developed to support Aboriginal and Torres Strait Islanders.

The primary purpose of the OCPs is to improve patient outcomes by facilitating an understanding of the whole cancer pathway and its distinct components, to promote quality cancer care and patient experiences.

Developed by clinical experts in collaboration with consumers, the OCPs have been endorsed by the National Cancer Expert Reference Group, Cancer Australia, Cancer Council Australia, and the

Australian Health Ministers Advisory Council. OCPs provide clinicians and health administrators with an agreed consistent nationwide approach to care that is based on current best practice including clinical guidelines, consensus statements, standards and research.

The OCPs:

- Provide a mandate for service improvement
- Are useful in deciding how best to organise service delivery to achieve the best outcomes for patients
- Can drive service improvement priorities such as reducing unwanted variations in practice
- Are relevant across all jurisdictions and have been adopted nationally
- Are not intended to be or replace detailed clinical practice guidelines.

Key project members and stakeholders involved in the adoption of OCPs into primary care include PHNs and Integrated Cancer Services (ICS).

1.2 Primary Health Networks and VTPHNA

Australian PHNs seek to increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improve coordination of care to ensure patients receive the right care in the right place at the right time.

The VTPHNA provides a state-wide platform to drive primary care system strengthening by working together to achieve collective outcomes for communities and organisations through leadership, collaboration and synergy. The VTPHNA provided state-wide project management and provision of key documentation.

Each individual PHN was responsible for planning and implementing project activities within the PHN catchment, considering the specific needs and demographics of resident populations identified through their local Health Needs Assessment and the overarching state-wide project plan.

1.3 Integrated Cancer Services

The eight, adult focussed, geographically based ICS across Victoria were engaged by DHHS to implement the prostate and oesophagogastric OCPs into acute care settings. As part of their work, ICS were responsible for auditing existing acute care processes against the OCPs and monitoring and assessing the patient experience of their cancer care. The PHNs and ICS worked together at the intersections of primary and acute care to implement OCPs and improve outcomes for patients.

2 PROJECT OBJECTIVES

The purpose of this project was to facilitate adoption of the prostate and oesophagogastric cancer Optimal Care Pathways into primary care in Victoria. The objectives were to:

- Build general practitioner awareness, knowledge and use of the prostate and oesophagogastric cancer Optimal Care Pathways
- Improve collaboration between General Practitioners, cancer specialists and health professionals working in the acute sector
- Drive best practice cancer care through the adoption of the OCPs
- Identify areas for service improvement through data collection and monitoring.

The PHN objectives were framed with a focus on working with general practice staff on prevention and screening, diagnosis and investigations, referral to cancer specialists and acute care, and primary care treatment and support for prostate and oesophagogastric cancer patients post-acute care. This equated to the following steps of the OCPs:

- Step 1: prevention and early detection
- Step 2: presentation, initial investigations and referral
- Step 5: care after initial treatment and recovery
- Step 6: managing recurrent, residual, or metastatic disease and
- Step 7: end-of-life care

3 METHODOLOGY

This project took a systematic approach across multiple levels to support the adoption of prostate and oesophagogastric OCPs in Victoria. At the state-wide level, this has involved project management to build a consistent approach, develop state-wide resources, facilitate a team environment of collaboration and information sharing, and ensure efficiency of approach.

At the catchment-based level, a part-time project officer was identified in each of the six PHNs with portfolio responsibility to facilitate adoption and implementation of the OCPs through six common activities:

1) Customisation and development of localised care pathways (HealthPathways and SEMPHN equivalent) to align with the prostate and oesophagogastric OCPs. Care pathways provide GPs with access to up-to-date information, resources and referral pathways for each cancer type via on online tool accessed at the point of care.

2) Relationship development both within and external to the PHN including being a central liaison point for all cancer-related work activities within a PHN.

3) Awareness raising of content of OCPs to general practice staff, PHN staff and other stakeholders.

4) Education and training of GPs and general practice staff to build use of OCPs as a cancer framework in primary care.

5) Measurement of outputs and outcomes to provide evidence of the effectiveness of different strategies to implement OCPs and effect change in processes that impact OCP, such as referral quality.

6) Development of a tailored, locally relevant project on an element of the prostate cancer OCP, looking at either PSA testing based on national guidelines or survivorship issues.

Oesophagogastric cancer is rarely seen in general practice, with the majority of GPs likely to see only a couple of cases in their entire career as it is diagnosed and treated by specialists in the acute sector. The project work for the oesophagogastric OCP was therefore designed as a state-wide approach that focussed on building GP awareness of risk factors, signs and symptoms of oesophagogastric cancer for earlier detection and referral, and the promotion of recommended referral pathways. A state-wide communications toolkit was developed for individual PHNs to implement in catchments.

As a guide, PHNs were expected to focus approximately 30% of their effort on the oesophagogastric cancer OCP and 70% on the prostate cancer OCP, which offered greater opportunities for GPs to impact change at screening, point of diagnosis and care of men post treatment.

Work on the prostate cancer OCP ranged across all six activity areas outlined above including the development of a prostate cancer project tailored to each local area that focussed on targeted interventions with practices to either improve GP awareness and use of new PSA testing guidelines or to improve the support of men with prostate cancer post-treatment.

All the PHNs utilised other teams within the PHN, such as GP engagement teams to undertake GP visiting and communications teams to help with web and social media engagement and to build awareness of OCPs more generally.

3.1 OCP Team

State-wide foundations were established to underpin the project as a team approach and to allow a clear focus for individual PHNs to work to agreed outputs, outcomes and timelines for completion. State-wide resources included a project plan, data collection framework, monthly data collection report templates, a communications strategy, agreed learning outcomes, a pool of evaluation questions for education and awareness raising events, communications toolkits for both prostate and oesophagogastric cancers and a suite of videos on PSA testing.

Regular team communication was established with use of Basecamp, group email, quarterly face-to-face state-wide team working days and regular monthly individual telephone catch-ups between the state-wide project manager and PHN OCP project officers. The state-wide project manager provided advice and support to the team collectively and individually, utilising a strengths-based approach.

Communications content was provided at strategic points linked to a calendar of national and international cancer awareness days.

Monthly data reports were provided to the state-wide project manager to monitor progress against objectives and milestones. Feedback was collected from project officers and from PHN senior managers at the completion of the project through the final report.

4 PROJECT PERFORMANCE

Performance of the Victorian PHNs against the six common activity areas are discussed below.

4.1 Customisation and development of localised care pathways

Localised care pathways are online tools that provide clinicians with a centralised hub of evidenced-based, relevant information for use at the point of care. The pathways include guidance for assessing and managing a patient and agreed, localised referral pathways. The key purposes of care pathways are to reduce unwarranted variation and ensure better and safer care and referral of patients. Care pathways include:

- HealthPathways – used by five of the six Victorian PHNs over four HealthPathways sites – Melbourne, Western Victoria, Murray and Gippsland.
- Web based documents detailing equivalent clinical and referral information hosted on the SEMPHN website.

One of the strengths of the HealthPathways approach is that GPs, hospital specialists and community clinicians all work together to develop, agree and localise the pathways. Hence, there are benefits derived from the process of developing localised care pathways, such as cross-sector communication and engagement, in addition to the final products. This approach to development also requires a significant amount of time for consultation, communication and reaching consensus such that care pathway development can occur over several months.

Care pathways are a core way in which sustainability of OCP adoption is promoted as PHNs are committed to maintaining all existing pathways through regular revision cycles.

Scheduled for completion by the end of April and June of 2018 respectively, the majority of the prostate and oesophagogastric cancer care pathways were completed on time. The table below details the care pathways developed or revised for the prostate and oesophagogastric OCPs.

Table 1: Range of HealthPathways developed or revised for prostate and oesophagogastric OCPs

	PROSTATE CANCER OCP	OESOPHAGOGASTRIC CANCER OCP
Clinical pages	Prostate cancer screening Prostate cancer diagnosis Prostate cancer established Prostate cancer management Prostate cancer follow-up Benign prostatic hyperplasia	Dysphagia Gastro-oesophageal cancer - established Dyspepsia and Heartburn Reflux and GORD in Adults Gastro-Oesophageal Cancer Established
Referral pages	Acute / urgent urology referral or admission Routine urology referral Adult continence Referral Continence products and funding schemes (adults)	Gastroenterology referral suite – Acute, Non-acute and Advice General Surgery Referral Suite Urgent or routine hepatobiliary and upper GI surgery referral Urgent or routine head and neck including ENT referral Immediate hepatobiliary and upper GI surgery referral Urgent or routine gastroenterology referrals Adult speech pathology referral

Due to the localised nature of care pathways, the titles of local pathways can differ slightly (but cover the same content) and some PHNs have chosen to develop more pathways than others. In regional areas for example, GPs may need to manage a broader range of symptoms and therefore these PHNs may have prioritised different pathways for development.

By the end of tranche 2, all PHNs had a full complement of prostate care pathways live on websites. Four of the six PHNs had oesophagogastric care pathways live; the two remaining PHNs have oesophagogastric pathways completed and approved, pending release. This delay was caused by external factors beyond the control of the PHNs. Streamliners (the owner of HealthPathways) mandated a new template for all HealthPathway pages that resulted in pages not yet published needing to be re-developed and re-formatted prior to publishing. This resulting backlog of pages further exacerbated the delay.

4.1.1 Measurement of HealthPathways use

PHNs measure page views as an indicator of use of each specific HealthPathways page. For simplicity, all page views of the different pathways have been summed to provide a total number of page views for each of the two suites of pathways.

Across the four HealthPathways sites, the suite of prostate clinical and referral pages had 4614 views since going live and the suite of oesophagogastric pages had 3232 views. SEMPHN was unable to count views of their web-based care pathways.

The most viewed pages in the prostate cancer suite were:

- Prostate cancer screening
- Benign prostatic hyperplasia
- Urgent or routine urology referral
- Adult continence referral

The most viewed pages in the oesophagogastric cancer suite were:

- Dysphagia
- Dyspepsia and Heartburn / GORD
- Urgent or routine gastroenterology referral
- Urgent or routine ENT, Head and neck surgery referral

The order of most viewed pages was different for each HealthPathways site, however the top 4 or 5 pages were largely consistent. The high number of views of referral pages demonstrates the importance of these pages to the primary care audience.

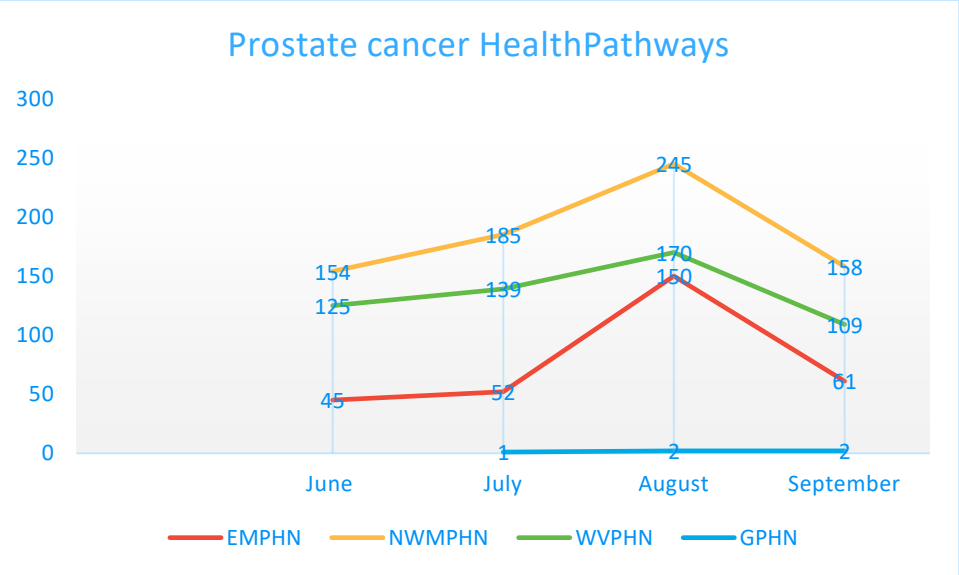
Analysis of monthly HealthPathway Melbourne statistics showed a spike around the UroGP conference, where OCP teams had a stand providing information on OCPs and demonstrations of HealthPathways to GPs in attendance. There was a 32% increase in the page views of the HealthPathways Melbourne prostate pathways and 19% increase in the oesophagogastric pathways in the month of the conference. The conference attracted over 300 GPs and the team of PHN project officers attending estimated they spoke to over 100 GPs and practice nurses over the course of the morning. For more detail on UroGP, see the case study on page 17.

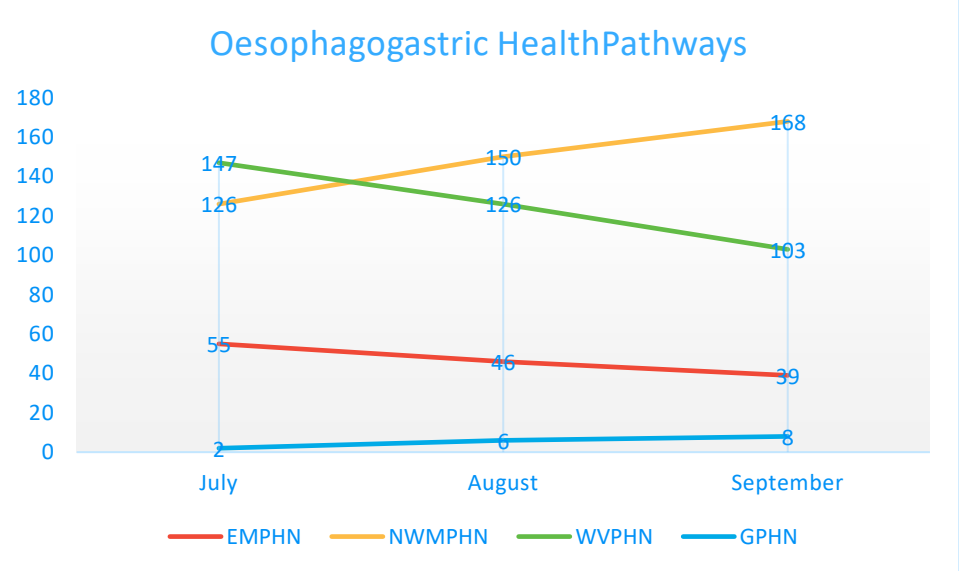
In contrast, the page views of the oesophagogastric suite are shown to be rising at 2 of the 4 HealthPathways sites and decreasing at the other two sites. Rising page views are usually associated with new pages; falling views with established pages, as familiarity with a pathway can be expected to result in decreased use of pages as they are adopted into standard practice. This pattern does fit with

both WVPHN and EMPHN achieving an earlier release of oesophagogastric pages than the other HealthPathways sites.

Figure 1 depicts HealthPathways use across the four sites for the months of June to September 2018 for prostate pathways and July to September for oesophagogastric pathways. HealthPathways views are higher in the PHNs with greater number of practices such as NWMPHN (547 practices) and EMPHN (390 practices). Of interest, WVPHN (223 practices) has a much higher per practice use of HealthPathways, most likely reflecting Western Victoria's early adoption of HealthPathways and the number of pathways available, making it an increasingly useful tool for GPs. Gippsland (82 practices) is the most recent adopter of HealthPathways and has the fewest pathways and users.

Figure 1: HealthPathways page views by month





4.2 Relationship development

RELATIONSHIP DEVELOPMENT SNAPSHOT

- **56 meetings with Integrated Cancer Services**
- **82 meetings or presentations to other PHN teams, reaching 175 people**
- **105 meetings with or presentations to other stakeholders**
- **25 partnerships developed with a broad range of organisations**

PHN project officers have an important role in the dissemination of information on OCPs within their PHN and as a key liaison point for ICS and other teams or organisations that work in areas of relevance to OCP implementation, such as clinical or service re-design initiatives, survivorship projects, palliative care, and advanced care planning.

A key component of the OCP PHN project officer role is to engage with a range of stakeholders, networks, local special interest groups, communities of practice, ICS and other partners to facilitate the adoption of OCPs into primary care and improve communication between primary and acute care.

Establishing networks encourages a multidisciplinary approach and builds understanding of the different roles of the many health professionals that work across the breadth of the OCPs. PHNs have worked to establish or enhance networks within PHNs and between PHNs and ICS and/or health services and individual clinicians. Networks help to recognise and access people who act as facilitators into other teams or work programs.

PHNs met with their ICS colleagues at 56 meetings, equating to an almost monthly meeting for each of the PHN teams. These meetings are a proxy measure of the ongoing collaboration and knowledge transfer across these organisations. Project officers and senior PHN managers reported a mutual benefit to PHNs and ICS in developing a greater understanding of the complexity of primary and acute care roles and responsibilities in cancer, sharing of data and information, cross-promotion of OCP educational activities, and opportunities to work together and build capacity in the sector.

Relationships with ICS were universally positive and described as a key success and enabler of the adoption of OCPs into primary health.

The six PHNs presented extensively on OCPs within their own workplaces (n = 82), including general OCP presentations as well as PHN-specific project updates. The purposes of these presentations and meetings were to plan OCP related activities, help disseminate information, build cross PHN capability, ensure knowledge transfer across linked projects and build consistent key messaging across multiple teams within a PHN that can all be working on cancer-related work. These have included presentations to HealthPathways teams, cancer screening teams, primary care/GP engagement teams, practice nurse networks, groups working on survivorship projects and grants, palliative care teams, and meetings with regional teams. Meetings to seek advice from GPs, medical advisers and clinical editors are also included in this section.

The number of meetings and presentations to other stakeholders increased by almost three-fold this tranche compared with tranche 1 (from 35 to 105), reflecting the growing confidence of the project officers and their focus on building a collaborative approach to foster and facilitate information exchange across the many different teams that work on OCP-related projects within a PHN and externally. PHNs described these meetings as opportunities to inform, increase awareness or educate stakeholders on OCP related content, or to monitor and review OCP activities.

Partnerships were developed with other PHNs, health services, clinicians, cancer support nurses, specialist prostate cancer nurses, the Australian Cancer Survivorship Centre, local Primary Care Partnerships, CCV, The Australian Prostate Centre, TrueNorth and Integrated Cancer Services.

Case study - Australia's Biggest Morning Tea, NWMPHN

NWMPHN held an internal event for Australia's Biggest Morning Tea on 24 May 2018 that attracted 30 NWMPHN staff. The well-attended event started with an overview of all cancer programs currently being delivered at NWMPHN, an outline of the OCP work, a fun cancer quiz and competition and of course, food. The event garnered very positive feedback with many participants mentioning they had learned something new about cancer and NWMPHN's work on OCPs.

4.3 Awareness raising

AWARENESS RAISING SNAPSHOT

- **22 awareness raising events, reaching 868 people**
- **27 articles posted to practice nurse and practice manager Basecamps**
- **97 communication activities with a potential reach of >30,000**

PHNs were tasked with developing a communications plan that outlined a schedule to raise awareness of the content of OCPs through provision of resources and developing and circulating content in newsletters, Basecamps, on PHN websites and via social media.

Over 2018, there were 22 general awareness raising events held across Victorian PHNs, reaching over 868 attendees. The three PHNs with access to practice nurse and practice manager Basecamps posted 27 articles, with a potential reach of 1172 members for each article. In addition, 97 communication activities were broadcast including articles for newsletters, letters, emails to general practices, websites and online collaboration portal posts, with a potential reach of well over 30,000 people.

The level of communication activity was up three-fold over last year (31 communication activities in tranche 1), largely due to the provision of a state-wide communications toolkit with template letters,

articles, fact sheets, posters and resources for distribution linked to cancer awareness days. PHNs targeted communications around World Cancer Day (4 Feb), Oesophageal Cancer Awareness month (April), Australia's Biggest Morning Tea (26 May), World No Tobacco Day (31 May) and Men's Health Week (11-18 June).

WVPHN was able to monitor open rates for their e-newsletters. PSA testing and best practice care for prostate cancer had the highest open rates, with 63 and 30 opens respectively. This is 10 times the number of opens generated by the article on the oesophagogastric cancer OCP.

In tranche 2 there was a specific requirement to raise awareness of the new PSA testing guidelines for prostate cancer. The state-wide resources budget was used to develop a set of three videos of a GP discussing the pros and cons of PSA testing with different types of patients and modelling shared decision making. These videos are housed on the VTPHNA website but were accessible to all PHNs to promote and use. The videos can be accessed by scanning the QR code on the left.

As at 1 November 2018, these three videos had attracted 193 views since being launched in June, with 112 of those watching the full-length video including all patient scenarios. The average view duration was just under 6 minutes, demonstrating the willingness of viewers to engage with this medium. Of all 193 views, 71 occurred on the VTPHNA website (37%) and the remainder (63%) were linked to the YouTube video from other PHN sites.

The VTPHNA website was updated in June 2018 to provide access to fact sheets, posters, the videos above and other information on the prostate and oesophagogastric OCPs. The oesophagogastric OCP webpage had been viewed 133 times between June and November 2018 with an average time on page of 2 minutes 39 seconds (2:39). The prostate OCP webpage attracted 447 views in the same time period, 377 of which were on the PSA testing page with an average view time of 11:23. This is significantly higher than the average time on the VTPHNA website as a whole of just over 3 minutes, suggesting that viewers were particularly engaged with this topic and that they were willing to spend a significant period of time on site, reading information and watching videos.

Murray PHN were highly active on social media, producing a stream of tweets on OCP related events and information. MPHN also developed an email signature banner to build awareness of the OCPs both internally and externally. The banner was present on 100 staff email signatures for a 6-week period, which was a simple yet innovative communication strategy to increase awareness internally and externally.

Case study – Engagement, GPHN

GPHN used a variety of e-newsletters and a general practice support weekly email to maximise reach as well as including OCP or iPACED resources in three of their quarterly practice visits to all 82 practices in the Gippsland region. An update to the GPHN website to include OCP specific information in mid-May 2018 resulted in 92 views over the subsequent 4 months from a region with only 82 general practices.

Case study – GoShare education platform, WVPHN

WVPHN have invested in a digital education platform for patients called GoShare. The platform enables health practitioners to share health and wellness information with patients via email or SMS to complement face-to-face interactions and empower patients to play a more active role in their healthcare. The platform enables information to be staggered over several months at appropriate time points. GoShare resource bundles were developed for prostate cancer (advanced), prostate cancer (localised) and oesophagogastric cancer. Bundles included information sheets, links to patient stories, animations such as taking medications or preparing to go to hospital, information on making an informed choice, treatment and potential side-effects as well as support and life after cancer.

4.3.1 Awareness raising events

PHNs provided OCP information at 22 awareness raising events reaching 868 people. These included:

- Primary care and cancer survivorship Community of Practice
- Breast cancer survivorship GP update
- GP refresher event, Geelong
- Cancer screening updates
- Practice Manager and Practice Nurse masterclasses
- Exercise is medicine
- Practice software updates
- Consumer forums

In addition, PHN teams made information and resources on prostate and oesophagogastric OCPs available at most PHN events attracting a GP audience between July and September 2018.

Case study – UroGP conference 18 August 2018

EMPHN and NWMPHN OCP and HealthPathways teams joined forces to provide an information stand at the UroGP conference on 18 August 2018 to raise awareness of prostate and oesophagogastric cancer OCPs and associated HealthPathways. The conference attracted over 300 GPs and interest in the OCP stand was strong. Team members spoke to health professionals, mainly GPs, about how they could use OCP and iPACED resources in their practices and were able to demonstrate HealthPathways live. Each of the 5 staff attending estimate they spoke with and provided resources to at least 20 health professionals across the state. It was a very effective way of reaching the target audience face-to-face and resulted in an increase in the prostate cancer HealthPathways views of for the month of August.

4.4 Education and training

EDUCATION SNAPSHOT

- **33 education events where OCPs were the primary focus**
- **21 education events where a presentation on OCP was provided**
- **5 education events cancelled due to low registration numbers**
- **8 further education events planned in Nov/Dec 2018**
- **1544 visits to general practices**
- **455 views of EMPHN's prostate cancer treatment videos**

Provision and promotion of OCP education events to primary care across each PHN region were widely used to build awareness and use of the OCPs. Audiences were predominantly GPs, practice nurses (PNs), practice managers (PMs) and allied health. GP visiting programs to disseminate OCP and iPACED resources were an expected part of the education component of this project.

4.4.1 Education events

PHN teams organised 33 education events where OCPs were the primary focus, reaching over 986 attendees (GPs, PM, PN, other). This is a 57% increase over tranche 1. Some examples included:

- The power of primary care in prostate cancer (NWMPHN)
- Managing prostate and oesophagogastric cancers in the primary care setting (EMPHN, NWMPHN, SEMPHN and CCV)
- Prostate cancer, Shepparton (MPHN)
- Prostate and oesophagogastric cancer and the OCPs, Bendigo (MPHN)
- When cancer joins you in the bedroom, Horsham, Ararat and Ballarat (WVPHN)
- Prostate cancer – update on screening and management, SEMPHN
- Management of prostate and oesophagogastric cancers in primary care (SEMPHN)
- Urology update for GPs (EMPHN)
- Stall at GRICS Prostate cancer conference, Sale (GPHN)
- Prostate and oesophagogastric cancer OCPs, iPACED forum (GPHN and CCV)

Evaluations of education events were highly positive on measures such as meeting learning objectives, relevance to practice, improved understanding/knowledge of presentation, investigation and management of patients, ability of presenters to communicate effectively, and usefulness of education content. There were no areas of poor performance identified on evaluations.

As evaluation results are difficult to pool and to compare across different events that often use different measures, two case studies are provided as examples of the effectiveness of education events in PHNs.

Case study – Evaluation of the prostate & oesophagogastric cancer optimal care pathways event, MPHN

Evaluation of learning outcomes:

- **Describe the current evidence related to prevention, early detection, presentation, initial investigations and referral for prostate and oesophagogastric cancers: 100% entirely met.**
- **Use evidence-based tools and resources to determine patients' risk of oesophagogastric/prostate cancer AND to help asymptomatic prostate patients decide whether to proceed with PSA testing: 100% entirely met.**
- **Access local diagnostic imaging and specialist appointment referral pathways for patients presenting with signs and symptoms of prostate and oesophagogastric cancer: 100% entirely met.**
- **Describe the current management and common side effects related to the treatment of prostate and oesophagogastric cancer: 100% entirely met**

Session evaluation:

- **Did the session meet your learning requirements? 77% entirely, 22% partially.**
- **Did the presenters deliver the session to your expectations? 100% met**
- **Did this session provide you with useful information? 88% entirely, 12% partially**
- **Rate the degree to which this activity is relevant to your practice? 77% entirely, 22% partially.**

Case study – Evaluation of Prostate Cancer Forum, SEMPHN

Topics included PSA screening and diagnosis, the role of radiotherapy in prostate cancer, is prostate cancer hereditary, systemic therapy for prostate cancer, sexual and incontinence issues in prostate cancer survivors.

Evaluation of learning needs

- **Identify issues relating to PSA screening and prostate cancer diagnosis – 59% entirely, 41% partially**
- **Identify treatment options for prostate cancer and common side effects – 70% entirely, 30% partially**
- **Use Optimal Care Pathways to support and advise patients – 59% entirely, 41% partially**
- **Recognise common survivorship issues – 75% entirely, 25% partially**

When asked an open question about changes they would make to their practice following the forum, the majority that responded replied that they would 'change approach of screening discussions,' be 'more willing to discuss PSA screening' and feel 'more enabled to have discussions with patients.'

NWMPHN videoed 'The power of primary care in prostate cancer' event held in February 2018 and web statistics show that these videos have continued to be accessed over the year, with a total of 182 views. The event itself was well received with 28 attendees; the use of video has enabled a significant expansion of that audience for relatively low cost.

PHN teams also utilised other events that had a different primary focus but where the clinician's area of interest often overlapped with cancer or the specific OCP. PHNs provided a presentation on OCPs at 21 of these events, reaching over 638 attendees. Interestingly, this is about same number of events as in tranche 1, but the events reached 3 times as many people. This may indicate a growing familiarity with OCPs and willingness to have them on the agenda of larger events, or the growing networks of OCP project officers. Examples of events included:

- Recall and reminder information sessions
- National cervical screening event
- Breast cancer update
- Prescribed drugs of dependence, GP annual learning meeting
- Cancer survivorship events (multiple)
- Radiation therapy and the primary care provider
- Immunisation updates (multiple)
- Chronic disease management updates
- GP forums

Education events were supported by resource packs, developed and distributed at all GP visits and at education events. Contents included OCP flyers, prostate and oesophagogastric OCP Quick Reference Guides, patient 'what to expect' guides, information on local care pathways and other resources as appropriate for the event.

PHNs reported low interest from the sector in some events and too many cancer-related events, particularly later in the year, leading to the cancellation of 5 events due to low registration numbers. This can be frustrating, given the level of resources needed to plan and develop education events. A further 8 education events were planned on prostate and oesophagogastric OCPs in the next 2 months following submission of the final report.

Case study – prostate cancer videos, EMPHN

EMPHN produced 8 videos (1 full length and 7 short topic videos) on 'What's new in prostate cancer treatment for GPs narrated by Professor Jeremy Millar and Professor Shomik Sengupta. Topics included current issues in prostate cancer, active surveillance, what's new in surgery, what's new in radiation therapy, deciding on a treatment pathway, side effects and supportive care, and hormone therapy.

The videos had been viewed over 220 times at the end of October, having been live on the website for only 2 months. Videos can be accessed at the following link:

https://www.emphn.org.au/what-we-do/general-practice-support/cancer-screening-1

4.4.2 GP visiting programs

GP engagement programs have been a core feature of PHN work and their communication with GPs, PNs and PMs. At September 2018, there were 1904 general practices with approximately 7710 GPs across Victoria. GP engagement is usually undertaken by a practice support or GP engagement team within the PHN, of whom the majority are generalists, and some have nursing or other clinical backgrounds. This team works with practices across a wide range of topics reflecting the breadth of the GP workload and they may spend time with GPs, PNs and PMs to cover information, resources, processes, data, quality improvement and business aspects of the practice.

PHN approach and capacity for GP visiting varied, as can be seen in Table 2 below. NWMPHN utilised the My Health Record team to take key messages, iPACED resources and OCP packs out to practices. In most cases these were delivered to practice managers. NWMPHN's specialist cancer screening team member also undertook visits where the audience was predominantly GPs and there was an opportunity for discussion. Murray PHN combined some visits for the cancer survivorship program with OCP key messages and resources, which was an effective strategy to increase the number of possible visits. SEMPHN and GPHN practice visits routinely engage the practice manager and not the GPs or nurses; the success is therefore dependent on the practice manager passing on the material. Letters were included addressed to GPs to explain how to use the resources. At WVPHN, iPACED visiting was not able to commence until August 2018 and most of the iPACED and OCP resource packs were posted to GP practices.

Table 2: General practice visiting programs

PHN	No of general practices	OCP visits to general practice	Additional iPACED visits	% of practices reached	iPACED resources distributed
EMPHN	390	205	11	55%	1996
GPHN	82	164	82	300%	1000
MPHN	191	70	73	75%	1313
NWMPHN	547	70	549	113%	4150
SEMPHN	471	146	139	61%	900
WVPHN	223	0	35	16%	1138
TOTAL	**1904**	**655**	**889**	**81%**	**10,497**

Changes to national funding of PHNs during 2018 impacted GP engagement and administrative staff at PHNs, particularly the capacity of PHN staff at WVPHN and EMPHN to undertake general practice visiting programs with OCP and iPACED resources. Even at other PHNs that were able to implement visiting programs, the focus of visits shifted from engagement with health professionals on key messages to dissemination of resources, often to the practice manager. National funding impacts the delivery of the project as this component is provided as an in-kind expense by the PHNs, not through project funding. Despite these changes, there were approximately 500 more GP visits during tranche 2 compared with tranche 1 last year (from 1081 to 1544), mainly due to being able to start visiting programs earlier in the project cycle before funding changes impacted, or through other PHN teams such as My Health Record and cancer survivorship project teams.

4.5 Measurement of outputs and outcomes

Data was collected from PHNs monthly on a range of measures to gauge activity and reach, and monitor progress against objectives and key deliverables. This information has been used to inform data in sections 4.1 to 4.4.

Data collected included:

- OCP-related GP visits
- iPACED OCP visits
- HealthPathways page views
- Education and training events
- Networking and awareness raising events
- Internal PHN communication and information sharing events
- Engagement with Integrated Cancer Services
- Communication activities
- Other engagement activities
- Updates on local projects

Three of the PHNs have reported on surveys or on evaluation of events that included questions about participants' awareness of OCPs.

EMPHN asked 230 participants from 3 immunisation events 'Have you previously heard of Optimal Care Pathways for Cancer?' The evaluation completion rate was excellent at 94%. GPs answered yes 42% and practice nurses and managers answered yes in 43% of evaluations collected.

NWMPHN asked about awareness of OCPs at three different events. At a prostate cancer event attended primarily by GPs, responses to awareness of OCPs was 35% yes and 65% no. At two further events targeted at practice managers and nurses where OCPs were not the main focus, awareness of OCPs was rated on a sliding scale. At the first event 53% of participants rated their awareness of OCPs as excellent or good and only 27% rated their awareness as poor. At a second event, 24% of participants rated their awareness of OCPs as excellent or good and 40% rated their awareness as poor. Given the events were not about OCPs this shows a pleasing and increasing awareness of OCPs amongst GPs, practice nurses and practice managers.

Although results vary, they all show an increase compared with awareness of OCPs measured via survey in March 2017 where respondents rated their awareness of the OCPs in general as poor or none in 86% of responses received. A GP survey on awareness and use of OCPs is planned for tranche 3 to measure change in awareness and use over the three-year period of OCP adoption into primary health.

Feedback on the OCP project was collected from project officers and senior managers through the final report and has been included within the relevant areas of this report.

4.6 Local PHN projects

Work on the first tranche of OCPs showed that development of small local projects was a valuable way of addressing local needs, priorities and gaps in service and also a way of encouraging collaboration with other stakeholders. In tranche 2, projects were required to focus on one of two areas:

- Improving GP awareness and use of new PSA testing guidelines, including the opportunity to discuss with men the benefits and harms of PSA testing before making the decision; or
- Improving the support of men with prostate cancer post-treatment in the primary care space.

A brief summary of each PHN's project is included below and the full project reports are available at Appendix 1.

EMPHN undertook a prostate cancer education visiting program with a specialist prostate cancer nurse. The project focussed on academic detailing visits to general practice to increase GP awareness and use of the prostate cancer OCP and to improve their understanding of survivorship issues for men who undergo treatment for prostate cancer. By the end of October, there had been 11 visits reaching 21 GPs. EMPHN reported robust and varied discussions on a range of treatment and survivorship issues. Use of a specialist nurse increased ease of booking an appointment directly with GPs and gave GPs the flexibility to explore their informational needs with a clinical expert.

GPHN undertook a project to improve shared decision making and informed consent around PSA testing by analysing a range of information and decision support tools, videos and other resources and providing a package of resources for GPs with health literacy ratings. Participating GPs reported an increase in confidence that there was shared decision-making with patients. Two thirds of participating GPs reported that the readability ratings on the resources helped them decide which ones to give to particular patients. In addition, all patients who responded to the anonymous survey reported that they found at least some of the information and resources in the pack useful in assisting them to decide whether to have a PSA test.

MPHN undertook a survey of current practice around PSA testing in general practice to inform a quality improvement approach to embedding discussion in routine practice. The survey identified that only 61% of participants were aware of the PSA testing guidelines, only 67% were confident in interpreting PSA test results and 78% were interested in attending professional development on the guidelines. There was also a stated need for education of practice nurses on prostate cancer and PSA testing to enable more detailed discussions with patients. Education events for GPs and practice nurses were organised to align with the areas highlighted in the survey.

NWMPHN developed a GP-driven, small group learning education program to build capacity in general practice around PSA testing and prostate cancer survivorship issues. The education was delivered over five sessions, all facilitated by GPs with a special interest in prostate cancer and supported by a range of other clinicians and health professionals. The program was flexible to accommodate individual GP learning needs. The format allowed GPs to share knowledge and do deep dives into specific issues they face in their practice. It was time and resource intensive, but participants reported a high rate of intent to change practice and improved knowledge and confidence.

SEMPHN developed a practice coaching module for a well-utilised, online e-learning platform targeting practice nurses, GPs and allied health. The module focussed on identification and management of prostate cancer as well as understanding survivorship needs of men post prostate cancer treatment. Six lessons have been developed to make up the module and they use a range of

mediums including video, voice over slides and animation. GPs, practice nurses, prostate cancer nurses and the Australian Cancer Survivorship Centre had input into the content.

WVPHN undertook a project to upskill GPs in the use of a clinician-led decision tool that identifies supportive care needs for men after prostate cancer treatment. Concurrently, referral pathways for supportive care for urinary, bowel and sexual health were mapped for additional HealthPathways. Professional development workshops were held focussing on the prostate cancer OCP, the EPIC-CP QoL tool, urinary bowel and sexual health issues post prostate cancer treatment and WV HealthPathways.

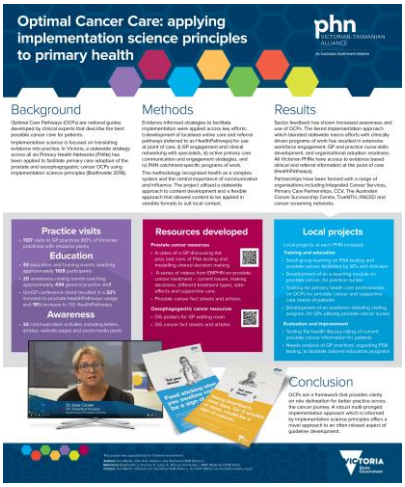
4.7 State-wide work

The work of the state-wide project manager includes oversight and monitoring of the work in the six Victorian PHNs on OCPs by six part-time project officers. Individual site visits to all PHNs were conducted in December 2017 and October/November 2018 for planning purposes, and for any new project officer appointments. Team planning days were held on 21 November 2017, 15 February 2018, 22 May 2018 and 24 July 2018 to enable information sharing and planning of work against each key activity area. Individual teleconferences between the state-wide project manager and the project officers were scheduled monthly.

In addition to the state-wide project plan, communications strategy, learning outcomes and evaluation questions a number of other resources, new to tranche 2, were developed:

- State-wide OCP communications toolkits for prostate and oesophagogastric OCPs including a letter to GPs, articles, fact sheets, social media posts and two oesophagogastric cancer posters for GP waiting rooms
- Calendar of health awareness days
- Short videos of a GP modelling shared decision making and discussing the pros and cons of PSA testing with patients. These were developed as a state-wide resource for webinars, education events or during GP visits.

The state-wide project manager regularly presented updates on the OCP project to a variety of forums, including other cancer project working groups, PHN staff, GPLOs, Communities of Practice and poster presentations at a number of conferences – VICS, HealthPathways and COSA.



The state-wide project manager represents VTPHNA and all PHNs at several meetings and provides feedback to all PHNs on aspects relevant to OCPs. These include:

- Victorian Cancer Plan Monitoring and Evaluation Framework Steering Group (DHHS)
- Steering Committee: Developing educational resources for high-risk women and health care professionals around risk reducing bilateral salpingo-oophorectomy (Royal Women's Hospital)
- iPACED-ME Steering Group (CCV, University of Melbourne)
- Victorian Cancer Survivorship Program Phase II Advisory Group (DHHS)
- Clinical placement program in cancer survivorship advisory committee (VCCC)
- Supportive care in Cancer Refresh Expert Reference Group
- VICS OCP Working Group (DHHS, ICS, PHN)

In addition, the state-wide project manager role often involves representing PHNs and OCP work on many other cancer-related projects, including:

- Victorian Population Health Survey review of cancer screening questions
- Promotion of the DHHS colonoscopy guidelines to PHNs
- 'Let's Talk about cancer' pop up shop
- Screening, Early Detection and Immunisation team at Cancer Council Victoria regarding potential collaboration and information sharing
- Head and Neck Tumour Summit

4.8 Progress against objectives

Building awareness, knowledge and use of the OCPs is challenging to accurately measure but is an ongoing process delivered via a multi-pronged approach consisting of a general practice engagement program, education and training events, awareness raising events, and communication activities.

An increase in awareness is supported by the breadth of activities undertaken which have shown substantial reach into general practice, the activity reported on HealthPathways sites, and evaluations post education events. Available statistics on website use shows that GP staff are engaging with information, resources and media on both VTPHNA and individual PHN websites. The addition of several different videos to the resource pool through NWMPHN, EMPHN and VTPHNA has enabled increased access over time rather than limited to people attending one event. Videos also offer ongoing information after the immediate project period.

Collaboration was achieved through regular meetings between PHNs and ICS, meetings with a broad range of PHN teams and other stakeholders. PHN senior managers noted that implementation of OCPs had enabled access to and collaboration with health services and clinicians that had not been available previously.

Targeted projects demonstrated success at facilitating increased knowledge, adoption and use through intensive quality improvement and education interventions.

4.9 Key deliverables

Table 3: Key deliverables

DELIVERABLE	TIMING	STATUS
State-wide project plan finalised and submitted to DHHS	31 January 2018	Complete
Individual PHN project plans developed and submitted to state-wide project manager	31 January 2018	Complete
Development of state-wide OG OCP communications toolkit	30 March 2018	Complete
Development of state-wide prostate OCP communications toolkit	30 March 2018	Complete
Health Pathways development and localisation		
Determine which pathways will be developed	31 January 2018	Complete
Prostate pathways live	30 April 2018	Complete
OG pathways live	30 June 2018	Complete for 4 PHNs*
Attendance of PHN staff at iPACED education workshop. PHN staff will include those who will implement the GP visiting program.	30 April 2018	Complete
General Practice staff awareness raising		
State-wide PHN communications strategy	28 February 2018	Complete
PHN general practice visiting programs implemented using and distributing iPACED resources	May – Sept 2018	Complete
Forums / networking events	May – Sept 2018	Complete
Development of education and training programs for general practice staff		
Agreed state-wide learning outcomes		
Organisation of PHN education events	30 March 2018	Complete
	May – Sept 2018	Complete
Implementation of PHN specific projects for prostate cancer	Feb – Sept 2018	Complete
Data collection & analysis	Jan – Oct 2018	Complete
PHN progress reports to State-wide project manager		
Interim report	8 June 2018	Complete
Final report	31 October 2018	Complete
Financial acquittal tranche 2	10 December 2018	On track
State-wide progress reports to DHHS		
Milestone	28 June 2018	Complete
Final report, including financial acquittal	15 Dec 2018	Complete

*In two PHNs the OG HealthPathways / care pathways have been finalised and approved but are not yet live on websites pending Streamliner system updates.

PHNs will continue to work on some aspects of prostate and oesophagogastric OCP adoption. This includes where HealthPathways are not yet finalised or live on websites and some education events that were scheduled later in the year.

5 KEY LEARNINGS

5.1 Enablers and successes

There were several significant successes this tranche worth noting.

5.1.1 Collaboration and networking

All PHNs reported excellent collaboration with ICS and with other PHNs that extended and enhanced linkages, leading to stronger relationships. The team approach and collaboration across PHNs with sharing of information and resources and opportunities to collaborate on education events was noted by all PHNs as an enabler of the project.

The notable growth of profile of the OCP team was particularly evident in the enhanced networking and relationship building demonstrated. PHN project officers presented OCP work to three times the number of stakeholders as the previous year and showed a significant increase in the number of presentations within PHNs. The range of partnerships developed with other cancer-based organisations was striking and enabled some very successful and interesting project opportunities, such as providing an information stand at the UroGP conference, developing videos and e-learning content and accessing specialists for education events.

As with tranche 1, it was found that alignment with other cancer work within the PHN was essential and when this was done well it augmented both projects.

5.1.2 Structured approach

A more structured, multi-layered approach was used from the commencement of the project, with different mechanisms of building awareness and use of OCPs building on each other over the project period. The development of a state-wide communications toolkit with template letters, articles and other resources and a suggested schedule based on community health awareness days freed up project officer time and led to both greater consistency of key messages and three times the number of communication activities over the project period in comparison to the previous tranche.

Providing a more structured approach to HealthPathways development and deadlines for completion enabled pathways to be completed and available much earlier in the project period for the majority of PHNs. This has a flow on effect on all other work areas as education events, GP visiting programs and communications all benefit from referencing HealthPathways as much as possible and are such an important aspect of the sustainability of the project over time.

5.1.3 General practice engagement

Several new and innovative forms of engagement were trialled in tranche 2 with great success. The UroGP conference facilitated face-to-face engagement with GPs on key OCP and HealthPathways messages in a concentrated burst that could be seen to have an impact on HealthPathways use. Several videos were produced that have allowed access to information to a greater audience than available through traditional education modes and that will be available for years to come. Small group learning, academic detailing and practice nurse specific education were all successfully trialled.

Importantly, PHNs surveyed their key audience of GPs, PN and PM prior to project development and used the feedback received to shape the direction and content of work. PHNs reported positive feedback from general practice on resources and education delivered over the course of the project.

5.2 Challenges

Meaningful engagement with time poor GPs remains a consideration for the PHN approach. Conflicting priorities for GPs with such a broad range of work areas and the perceived low prevalence of cancer related GP visits continue to impact GP engagement.

While PHN staff changes are not inconsistent with industry standard, staff changes during tranche 2 have had an impact on project work undertaken and timelines for PHNs where the project officer has changed mid-project. Staff changes and leave provisions are considered as part of local PHN project planning.

The collaboration with iPACED provided access to useful and well-received resources and yet was challenging for most PHNs, mainly due to the increased workload and the challenge of meaningful engagement with GPs. The iPACED academic detailing style of approach works best when delivered by clinical staff whereas PHN GP engagement teams are predominantly staffed by generalists without specialist clinical knowledge. Unfortunately, the iPACED training and key messages were not adapted to a generalist audience, resulting in some frustration within PHN teams and a greater workload for PHN project officers. There were also communication challenges around the iPACED forums, which also added to the PHN workload.

5.3 Recommendations

PHNs will continue to build on the successes of tranche 2, especially in the relationships and partnerships formed with other PHNs, ICS and health services, and in trialling new approaches to engagement and education.

PHNs are being encouraged to reduce the number of education events for tranche 3 and to schedule them for the second half of the project, to leverage resource and HealthPathways development and to avoid desensitisation to cancer messaging within the general practice staff audience.

Early engagement of other PHN teams, in particular HealthPathways teams, are being encouraged to align timelines and projects as much as possible.

Once the iPACED project work for tranche 3 is known, it will be important to align priorities and dates and seek clarity regarding any potential PHN involvement in dissemination of resources.

6 CONCLUSION

OCPs are a framework that provides clarity on the breadth of the patient journey, role delineation for better practice across services and an ideal standard against which gaps in service can be mapped.

This project has offered a joined-up approach to the adoption of optimal care pathways across primary care in Victoria, blending state-wide coordination, local efforts, and meaningful partnerships. The mixed method approach to adoption of the OCPs has proven effective. Common activities have allowed the building of a consistent state-wide foundation of knowledge and encouraged information and resource sharing. The six PHNs have worked collaboratively, with metropolitan PHNs joining together for education and training events and all team working days being attended by representatives from each PHN. Individual PHN projects have allowed flexibility to develop tailored solutions based on local gaps, needs and priorities as well as skill sets of team members.

Meaningful and sustainable partnerships have been formed with a range of organisations including Integrated Cancer Services, health services, Primary Care Partnerships, CCV, the Australian Cancer Survivorship Centre, the Australian Prostate Centre, TrueNorth, iPACED and cancer screening networks.

Sector feedback has shown increased awareness and use of OCPs. The tiered implementation approach which blended state-wide efforts with clinically driven programs of work has resulted in extensive workforce engagement, GP and practice nurse skills development, and organisational adoption readiness. All Victorian PHNs now have access to evidence based clinical and referral information at the point of care for all optimal care pathways delivered through this project.

7 APPENDIX 1: PHN local project reports

The following reports were provided by each PHN to detail the local projects developed in response to an identified need, priority or service gap along key points of the OCP.

Title:	**Prostate Cancer Visiting Education Program (PCVEP)**
PHN:	EMPHN
Brief description of project:	• Aim was to visit 10-20 general practices with academic detailing style visits • One education event using PC visiting program content • Components of the visits will include OCP awareness, PSA testing video, I-PACED cards, treatment options video, interactive discussion with a Prostate Cancer Specialist Nurse and follow-up email containing electronic resources
Aim:	Improve outcomes for men with prostate cancer by engaging with GPs on issues throughout the cancer journey
Objectives:	Increase GP awareness of prostate cancer OCP and understanding of survivorship issues
Number of practices involved:	11 practice visits
Methodology:	Commissioning of academic detailing visits by a specialist prostate cancer nurse (PCN)
Measures/data collected:	Evaluation survey monkey asking for feedback on content, opportunity to interact, resources and duration. Questions were: • Profession • Are you interested in further information on HealthPathways Melbourne? • Rate the following aspects of this event: 1. Opportunity to interact 2. Usefulness of resources 3. Appropriateness of length of session for content covered • Rate the usefulness of the I-Paced resource cards • Other comments Views of prostate cancer videos.
Key results	11 PCVEP practice visits were booked. The number of potential visits had to be reduced due to unanticipated staff leave. Visiting started later than we had hoped due to the commissioning process being new to Olivis Newton John (ONJ) Wellness Centre

	The PCN spoke directly with 21 GPs (as of 25/10/2018) No GPs, only 2 practice nurses, responded to the PCVEP evaluation survey monkey meaning no conclusions could be drawn All GPs at the 11 clinics received the follow-up resources email even if they were not present at the PCVEP
Discussion	Booking the appointments was relatively easy. It can be difficult to bypass the practice manager and speak directly to GPs but the practice managers understood the value of PCVEP and on some occasions moved other appointments. Visits were spread across the entire EMPHN catchment. PCN services at Eastern Health, Monash Health and Urology Specialist Nurse at Epworth were highlighted at the visits. Despite focusing on larger practices, the average number of GPs spoken to at a visit was three. This did enable good in-depth discussion. Topics for discussion were varied but included incontinence, sexual health, hormone therapy, exercise, depression, artificial sphincters, chronic disease management. I-PACED resource cards did not have good name recognition but when shown many GPs commented they had received them and particularly liked the PSA discussion tool. Carla knew many of the local practices that referred men to the prostate cancer service and was happy to be able to meet them and encourage them to contact her if needed
Comments/issues	The ONJ Manager and the PCN recognised the value of the project for the ONJ, for GPs and for men experiencing prostate cancer. This type of visit relied on bringing a specialist clinician to the GPs. It may not suit every tumour stream. One GP told the PCN that he wished there were as many Prostate Cancer Specialist Nurses as there were Breast Care Nurses as the need was so great.
Recommendations	The academic detailing nature of the visits have allowed each practice/ GP the flexibility to explore their areas of need for information and education with a clinical expert. It is recommended this strategy be used for other suitable tumour streams. The PHN commissioning process was a significant risk to expedient delivery of this project. Recommendation that future VTPHNA contracts give PHNs guidance in using ICS and other local OCP funded organisations preferred provider status.

Title:	**Assisting GPs to help their patients make informed decisions about PSA testing**
PHN:	GPHN
Brief description of project:	Although prostate cancer incidence rates in Gippsland are low, mortality rates are high for Gippsland when compared to Australia. Screening for prostate cancer is therefore a highly relevant topic for both GPs and their male patients in the Gippsland region. Patient involvement in the decision-making process and informed consent for PSA testing is recommended. GPs are encouraged to discuss the facts about PSA testing with patients in a balanced way and to supplement discussions with information and resources for the patient to consider prior to deciding. A pilot package of information and resources was developed for this purpose, aimed mainly at asymptomatic 'average risk' male patients in the 50-69 age group without risk factors for prostate cancer. The pilot package included print resources such as patient information sheets and fact sheets. It also included links to consumer-focused videos and websites. Health literacy issues were considered in selecting resources for inclusion. Written information was put through a recognised readability tool ('Hemingway Editor') which indicates the level of education a person needs to have to understand the text. The package included the 'readability rating' for each resource to assist GPs to better match the available information to patients with different levels of health literacy. Those involved in the development of the package included men from the target patient group, GPs, relevant specialists, nurses, Central West Gippsland Primary Care Partnership and Gippsland Regional Integrated Cancer Services (GRICS). GP practices initially targeted for trialling the package were those with the highest rates of PSA testing across the Gippsland region during 2017). If successful, the completed package will be promoted and made available to all Gippsland GPs to provide to patients in support of their discussions regarding the potential benefits and harms of PSA testing. This would be achieved through: • A link in the 'Clinical Resources' and/or 'Patient Information' section of the Prostate Cancer Screening pathway on the Gippsland HealthPathways portal. • Providing access to the package for GPs via the Gippsland PHN website. GP Practice Visits by Gippsland PHN Regional Services Officers (RSOs).

Aim:	To increase patients understanding of prostate cancer, risk factors and PSA testing and assist them to make informed decisions regarding whether or not to undergo a PSA test. To increase the confidence of GPs that patients were involved in an inclusive shared decision-making process and that those electing to have PSA testing had given genuinely informed consent.
Objectives:	1. To develop a package of patient-focused information and resources around prostate cancer and PSA testing. 2. To promote and distribute the package to targeted GP practices within the Gippsland region for use by GPs when discussing the potential benefits and harms of PSA testing with patients. 3. To increase GP confidence that patients have been able to participate effectively in shared decision making and give genuinely informed consent when making the decision to undergo PSA testing. 4. To assist Gippsland men to participate fully in shared decision making with their GP and make genuinely informed decisions around whether or not to have PSA testing.
Number of practices involved:	The project was targeted at General Practices in Gippsland currently supported by the Gippsland PHN Practice Support Team which have a high rate of PSA testing. POLAR GP data from participating Gippsland GP practices showed that 8,848 men had a PSA test done in 2017 (active patients residing in Gippsland). The top 10 GP practices all tested more than 300 men during 2017 (representing over 56% of the total PSA tests conducted across Gippsland) and were located across the six Gippsland LGAs. These 10 GP practices were initially invited to participate in the project. When it was not possible to engage sufficient GP practices from the top 10: • Invitations were extended to the practices on the list with the next highest PSA testing. • a wide range of engagement strategies was attempted e.g. follow up emails and phone calls, invitations to specific GPs within target practices, invitations sent to the Practice Managers, GPHN Practice Support Officers contacting the practices they covered directly. • GPHN GP Advisors, HealthPathways GP Editors and other specific GPs suggested by RSOs/GPHN staff were also invited. • Ultimately, however, only a very small number of GPs/practices agreed to participate located in three of the six Gippsland LGAs.
Methodology:	Invitation / Project Information Sheet for target GP practices and other stakeholders developed and distributed. Research and review of all resources. Suitable resources tested for

	health literacy rating. Evaluation tools developed and distributed. Feedback on potential contents collated and analysed; pilot Pack finalised. Anonymous Patient Survey developed to be distributed. Pre-trial SurveyMonkey survey for participating GPs developed and distributed. Hard-copy of pilot 'PSA Testing Patient Information & Resource Pack' posted and soft copy emailed to participating GPs. Project ran for 12 weeks from 18 June to 7 Sept. Participating GPs were asked to complete the online survey by Fri 21/09/18 and all but one had done so by that date. GP post-trial survey results collated and analysed.
Measures/data collected:	Satisfaction with the resources by participating GPs and men in the patient target group Responses from patients via anonymous survey Responses from participating GPs to online pre and post-trial surveys
Key results and discussion:	**GP pre-survey results:** Participating GPs were located across 3 of the 6 Gippsland LGAs - Baw Baw, Latrobe City and South Gippsland. Frequency of discussing PSA testing with patients ranged from 'more than once per week' to 'every six months'. Two-thirds of GPs never provided written information or other resources to patients regarding PSA testing. Of those GPs who did provide information to patients, the resources listed were Better Health Channel: Prostate Cancer Testing Information Sheet and John Murtagh's Patient Education. Barriers to shared decision-making and informed consent were limited time, uncertainty regarding what information to provide, complexity of information, insufficient training of GPs and a perceived reluctance of patients to taking an active role in decision-making about their health care. GP confidence that patients were participating fully in the decision-making process about PSA testing averaged 5 out of 10. GP confidence that patients had made an informed decision regarding PSA testing ranged from 5.9 to 10 out of 10 (average 8). Two-thirds of GP indicated a more varied range of information and resources for patients would help foster informed decision making. **GP post-trial survey results:** Number of PSA testing discussions during the 12-week trial period

	ranged from '6-10' to '21-25'. All GPs indicated that they had provided both written information and other resources from the Pack to patients. Two-thirds of participating GPs had provided all the information sheets and links to other resources in the pack to patients. All participating GPs indicated that they were either completely satisfied (66%) or fairly satisfied (33%) with the content of the pack. Two-thirds of participating GPs indicated that the readability ratings helped them decide which resources to give to patients. All GPs agreed that the following resources should be included in the final version of the pack: • RACGP: 'Should I have prostate cancer screening?' • SA-PCCOC: Mr PHIP No. 1 'Prostate cancer should I be tested?' • Andrology Australia videos: What is the prostate? What is the PSA test for prostate cancer? How is prostate cancer diagnosed? All participating GPs indicated that providing information/resources from the pack helped them feel either much more confident (66%) or somewhat more confident (33%) that they participated in a shared decision-making process with the patient and that patients made an informed decision. **Patient survey results:** Patients rated the usefulness of a variety of resources, provided below in descending order of usefulness. Mr PHIP Prostate Health Improvement Program: Mr PHIP No. 1- Prostate Cancer: Should I be tested? Fairly / Very Useful: 67% NHMRC PSA Testing for Prostate Cancer in Asymptomatic Men - Information for Health Practitioners. 67% RACGP: Should I have prostate cancer screening? 56% Mr Prostate Health Improvement Program (PHIP): Mr PHIP No. 2 – Interpreting the PSA test for prostate cancer. 44% Andrology Australia: PSA Test Factsheet. 33% PHN Gippsland videos and websites. 22%
Comments/issues	The next step is to refine the information pack based on the feedback received from patients, GPs and others and make it available to GPs across Gippsland and other regions in a sustainable manner.

Title:	**PSA testing in general practice**
PHN:	Murray PHN
Brief description of project:	The purpose of this project is to complete a qualitative analysis of current PSA testing practices in general practices in the Murray region to inform an individualised quality improvement approach to embedding opportunities for discussion of PSA testing with appropriate male patients.
Aim:	To detail the current practice regarding discussing PSA testing in general practice and embed systems for enabling routine discussion of PSA testing to facilitate informed decision making.
Objectives:	To determine current processes, opportunities and barriers to informed discussions pertaining to PSA testing in Murray PHN's general practices
Methodology:	The Murray PHN sampled practices from across the region to participate in a qualitative analysis and quality improvement activity on PSA testing in general practice. This involved: 1) Creating a survey to identify current practice processes regarding PSA testing, as well as gaps, barriers and areas to focus on with future projects. 2) Disseminating the surveys both manually and electronically. Allowing a 6-week period for surveys completion. 3) Collation of results, analysis and reporting.
Measures used /data collected:	Survey questions: • I am aware of the 2016 Cancer Council Australia evidence-based guidelines for PSA testing • I feel confident having conversations with men about PSA testing who are asymptomatic • I feel confident interpreting PSA test results in men who are asymptomatic? • Overall, I believe it is beneficial to offer PSA testing in asymptomatic males • On average, how long does it take to facilitate an informed discussion regarding PSA testing in asymptomatic men • Approximately what proportion of conversations about asymptomatic PSA testing are opportunistic? • Approximately what proportion of conversations about asymptomatic PSA testing are routine?

	• Which elements of routine care, if any, have PSA conversations embedded in? • Do you have any promotional materials on PSA testing in your practice? • Who is well positioned to have conversations regarding the pros and cons of PSA testing? • What are the barriers to having conversations regarding PSA testing? • Would you be interested in attending professional development that covers PSA testing and the management of abnormal results? • What are reasonable solutions to improve the rate of conversations with asymptomatic men about PSA testing? • Has your practice imported OCPs into their software system? • What are the current recall systems when a patient returns an abnormal result? • Where do you refer the patient to for specialist appointments? • What is the current method of referral used? • Do you, or would you like to have access to the below systems? • Would you like the Murray PHN to contact you regarding any of the above systems?
Results:	A total of 49 completed PSA testing surveys were received over the 6-week period. The need for further education regarding PSA testing for practice nurses was identified and a nurse education component incorporated into an existing OCP event utilising Bendigo Health's prostate cancer nurse. Feedback from the OCP event indicated an increased awareness and understanding by practice nurses of the role a nurse can play in PSA testing discussions to support the GP and enhance communication with patients. Further education on how to incorporate the nurse role in to the PSA testing discussions was proposed. A short summary of the survey results has been included below: • 30 respondents identified being more aware than not, of the 2016 Cancer Council Australia evidence-based guidelines for PSA testing. Nurses identified as having less or no awareness. • 38 respondents felt more confident than not having conversations with men about PSA testing who are

	asymptomatic. Nurses identified as having less or no confidence. • 33 respondents felt more confident than not interpreting PSA test results in men who were asymptomatic. • 39 respondents identified having a PSA conversation embedded in to their general practice health assessment or care plan. • Beliefs around the benefits of PSA testing in asymptomatic males were mixed, with 11 respondents stating they were unsure and a further 17 respondents stating that they believed it to be less beneficial. • Practices lacked PSA testing promotional resources in their practices for patients. • 95% of respondents felt that GPs were best positioned to have conversations regarding the pros and cons of PSA testing. • Time constraints and the patient's ability to comprehend the complexity of the conversation were the biggest barriers to having conversation regarding PSA testing. • 38 respondents were interested in attending professional development that covers PSA testing and the management of abnormal results. • The top reasonable solutions to improving the rate of conversation with asymptomatic men about PSA testing included having readily available online patient resources, setting up a men's clinic and upskilling practice nurses to have the discussion.
Comments, issues, recommendations:	The response rate to this survey was very good and necessary to better understand what was happening in general practices regarding PSA testing and how the PHN could further support practices. Murray PHN will explore opportunities to provide one on one clinical education visits to practices in the future.

Title:	**Prostate cancer General Practice capacity building**
PHN:	NWMPHN
Brief description of project:	This project sought to build the capacity of general practice to respond to prostate cancer across the continuum from early detection to survivorship care. Education was developed to improve awareness and use of PSA testing guidelines and to improve the support of men post- prostate cancer treatment in the primary care setting. Incidence and prevalence rates indicated that Brimbank, Hume and Moonee Valley were areas of high need in relation to prostate cancer.
Aim:	The aim of this project was to build the capacity of general practice to respond to prostate cancer across the continuum from PSA testing to survivorship care.
Objectives:	To increase awareness of Prostate OCP. To build capacity of GP staff on PSA testing and survivorship care. To evaluate the effectiveness of resources including Health Pathways.
Number of practices involved:	Up to 5 practices (depending on gaps and needs identified by practices).
Methodology:	**Develop insight:** Conduct a short survey of general practice to understand the capacity and support needs of GPs and PNs in relation to PSA testing and survivorship care Using available data, further identify hotspots within the Brimbank, Hume and Moonee Valley region to target education and training. **Plan and deliver:** Based on the OCP prostate cancer survey results, plan, implement, deliver and evaluate a small group learning (40 Category 1 points) primary care practitioner prostate education program from August to October 2018. **Review and evaluate:** Collect pre- and post-project data from participating practices, including audit of patient cases to understand changes in practice. Analyse the utilisation and effectiveness of resources provided, including HealthPathways.
Measures/data collected:	Survey questions: What motivated you to participate in this small group learning? Please rate the following aspects of the small group learning (list

	provided) Was the SGL session relevant to your learning needs? Please rate to what degree this program was relevant to your practice. What did you hope to gain as a result of participating in this activity? Reflecting on the SGL learning outcomes:- • What did you achieve? • How will this impact on your practice? Activity improvement – In what ways could this activity have been improved? What changes will you implement in your practice as a result of the activity? How will you monitor these changes? What evaluation process will you use to measure these changes? Please rate the following aspects of the small group learning (list provided) Prior to this workshop were you aware of HealthPathways? Would you like to receive a HealthPathways demonstration at your practice? Prior to this event were you aware of the Optimal Care Pathways for cancer? How did you hear about this event? I would like to subscribe to receive Practice Nurse related publications and alerts
Key results	**Prostate cancer small group learning (SGL) activity** Based on the OCP prostate cancer survey feedback, NWMPHN delivered a prostate cancer small group learning activity for primary care practitioners in collaboration with Western Health. Western health provided subject experts including an oncologist, two urologists and a prostate cancer nurse specialist. This activity was held across 5 sessions, over two months on Tuesday evenings, from 7 August 2018 to 9 October 2018. Sunshine Hospital was selected as the location as this is within the Brimbank LGA which has the highest incidence of prostate cancer in our region. The small group learning involved 10 hours of content starting with a planning session to identify topics and the groups' learning objectives, followed by 8 hours of prostate cancer management and a review session to reflect on learning outcomes. It was a RACGP 40 category 1-point educational activity. To receive the points the GP's had to attend the planning and review sessions and 6 hours of educational content.

	Eight general practitioners participated. **Format:** **Prostate Cancer SGL session 1 - 7 August – facilitated by Dr Jane Crowe, 6 GP participants.** Overview of OCPs, HealthPathways and I-PACED cards (OCP prostate cancer resource pack provided). Group SGL activity planning. The group brainstormed SGL topics and provided feedback on the groups learning objectives. PSA screening guidelines – this topic involved group discussion on the PSA screening guidelines, making sense of prostate cancer Gleason's scores, PSA case studies, pros and cons of digital rectal examinations. **Prostate Cancer SGL session 2 - 21 August – facilitated by Dr Anita Munoz, 7 GP participants.** Group discussion with oncologist. This topic covered the chemotherapy and/or hormone therapy treatment options and management of their side effects. A GP participant presented a patient case from his clinic, which generated discussion on the timings of management and pros and cons of different therapies. Radiotherapy options for prostate cancer and management of side effects. Dr Munoz presented a case study related to radiotherapy treatments. **Prostate Cancer SGL session 3 - 4 September – facilitated by Dr Anita Munoz, 4 GP participants.** Dr Munoz presented 2 case studies, one managed through active surveillance and the second with surgery (prostatectomy). These case studies were used throughout session as discussion points. A Urologist provided an overview of prostate cancer statistics, early detection, how to improve management including latest imaging and biopsy techniques and active treatment. Additional areas discussed were robotics vs surgeon, role of physiotherapy, Viagra and side effects of treatments. **Prostate Cancer SGL session 4 - 18 September – facilitated by Dr Anita Munoz, 4 GP participants.** A prostate cancer nurse specialist presented on survivors: what burdens men the most and what can general practitioners do to help? This covered complications of prostate cancer and treatment side effects and how to manage them, as well as the support services available in the community. The group discussed the role of exercise, diet, advanced care planning

	and palliative care. The prostate cancer nurse presented the management of urinary incontinence and sexual dysfunction which included patient resources that can assist with these side effects. **Prostate Cancer SGL session 5 - 9 October – facilitated by Dr Jane Crowe, 3 GP participants.** A Urologist provided a presentation on the management of erectile dysfunction in prostate cancer patients. This included the cause, pathophysiology, treatment strategies, penile rehabilitation and psychological support. The presentation was well received with the most discussion centred around impact and how the GP can help. Following this was a reflection session, where participants reflected on the learnings, the key messages and what practice changes they were intending to make. The main practices changes centred around PSA discussions with patients and talking to patient about sexual and urinary dysfunction.
Discussion	The small group learning format enabled GPs to learn, share their knowledge and discuss the prostate cancer management issues that they face in their practices. This was supported by two excellent GP facilitators to ensure the discussion remained focused on the main prostate cancer management issues and the groups learning objectives. Subject matter experts presented topics, reviewed case studies with participants and answered questions in an informal setting which promoted discussion. The format of the SGL was adapted to the group's preference of a formal topic presentation from the subject matter experts, then discussion on the key messages, reinforced by case study discussions. The SGL was a large time commitment for participants and the preference for future education was to hold sessions over a shorter period to maintain commitment rather than spread sessions over a long period of time and risk the GPs disengaging from the process. The SGL effectively utilised patient case studies, group discussion and peer learning to review the management of patients against the guideline recommendations. This methodology demonstrated evidence of participating GPs intention to change their management in line with screening guidelines and OCP recommended pathways. The largest practice change demonstrated was, when and how PSA testing was conducted. Following the presentations and group discussion, the participants reported they would discuss the benefits and risks of PSA testing with their patients before testing. Improved confidence and knowledge on how to manage prostate cancer and treatment side effects was also a major practice change discussed by participants. Resources relevant to each topic were provided at each session of the SGL. The most useful resources identified by the participants were

	HealthPathways and the prostate cancer i-PACED resource card. HealthPathways was already used by most participants. The SGL evaluation indicated that HealthPathways was a resource that participants would use following discussion on the benefits and accessibility of HealthPathways. The prostate cancer I-PACED resource card was also highlighted as an effective resource, especially when discussing the benefits and risks of PSA testing. This card was seen as a comprehensive and concise resource for prostate cancer.
	
	In addition, the SGL evaluations showed the following:
	
	• All the SGL session achieved 100% rating on: -
	  ○ SGL relevant to learning needs
	  ○ relevance to practice
	• Participant OCP awareness was very high with 71% indicating they were aware and 29% not aware
	• Feedback from the SGL evaluations was very positive and included the following comments:
	  ○ improved or extend knowledge, improved confidence, advise patients appropriately, reinforce knowledge, understanding of patient issues, understanding treatment side effects and how to manage, new approaches to care, educate patients about options, quality care and holistic care and talk to colleagues
	
	Overall the prostate cancer small group learning utilised peer support, group discussion and key messages to enhance the participants learning and skills, to build general practice prostate cancer capacity. The SGL was very successful with the participants indicating that they enjoyed the interaction and informal small group learning with peers.

Comments/issues	Though unplanned having two GP facilitators was positive, as they provided different perspectives on some of the discussion points. Small group learning was ideal for comprehensively exploring subjects and increasing participants depth of knowledge in an informal setting. The main drawback is that reach is small, and it is resource intensive. It is hoped that the participants will share the knowledge and resources with their colleagues. To facilitate this NWMPHN is providing an electronic resource pack that the participants can share with their colleagues.

Title:	**Cancer in General Practice – Prostate Cancer**
PHN:	SEMPHN
Brief description of project:	In 2017, more than 200 000 Australian men will be living with prostate cancer, 80% of them long term survivors. One in five men can expect to be diagnosed with prostate cancer by the age of 85. By 2020, more than 30 000 Australian men will be diagnosed with prostate cancer each year. Sexual Health is the leading quality of life issue reported by men with prostate cancer. Sexual bother is more frequently reported as a moderate big problem when compared with urinary and bowel related issues two years after a prostatectomy or radiotherapy treatment. General Practice have an important role in identifying and caring for patients diagnosed with cancer, including prostate cancer. SEMPHN has a e-learning platform called Practice Coaching. It is an online platform primarily used by practice managers and practice nurses and is a well utilised education resource. A Cancer in General Practice Coaching module was developed aimed at practice nurses, General Practitioners and Allied Health practitioners interested in increasing their knowledge and confidence in identifying and managing patients with prostate cancer. It focussed on identification and management of prostate cancer and understanding the survivorship issues of men post prostate cancer treatment.
Aim:	The aim of the project is to increase primary care clinician's capability to identify and respond effectively to common needs of cancer patients, specifically men who have had prostate cancer.
Objectives:	To improve Primary Health Care Clinicians: • Understanding of the key risk factors for developing prostate cancer • Understanding of the PSA testing guidelines and how to initiate a conversation with men about the pros and cons of PSA testing • Understanding of the different treatment options available to men with prostate cancer along with their potential side effects • confidence in identifying and managing survivorship issues
Number of practices involved:	Promotion will occur via email, articles posted onto Practice Nurses and Practice Managers basecamps and in SEMPHN network news. The aim is for 30 health professionals to complete the training in the first month it is live.

Methodology:	Content was developed utilising existing resources and identifying potential gaps. Specific lessons were developed in consultation with subject matter experts and general practice staff to ensure the content was useful on a practical level. The content was formatted to fit the 'look' and function of the existing practice coaching modules. Consultation took place with a number of health professionals including: • 2 x GPs • 2 x practice nurses • SMICS prostate cancer lead • Australian Cancer Survivorship Centre • Prostate Cancer Nurse • PHN staff Additional activities included: • Presentation development • Voice recording with GP and patient • Script development and writing for animated lesson Six lessons have been developed to make up the module: • PSA Screening (video) • What to do with an abnormal PSA result (voice over slide) • Prostate cancer treatment options (video) • When is surgery or radiotherapy the best treatment option? (video) • Short term, long term and late side effects of prostate cancer treatment (video) • Sexual bother and incontinence issues (animation) SEMPHN would like to acknowledge VTPHNA and EMPHN in allowing the recently developed OCP Prostate cancer videos to be used in the practice coaching module.
Measures used /data collected:	Practice coaching software tracks uptake and completion of the modules and profession of participants. A survey will be sent to participants who complete this module via survey monkey. The evaluation results will be reported in Tranche 3.
Results:	The content and a resource list have been developed and is with the developer. Promotional articles have been developed ready for the launch.
Discussion of results:	There was a delay with the development of the lesson 6 and the launch of the module due to unforeseen family circumstances of the Prostate Cancer Nurse participating in the development of that module. The module is scheduled to 'go live' the week of 12 November 2018.

Title:	**Optimal Care Pathways for Prostate Cancer – Supportive Care: A focus on urinary, bowel and sexual health**
PHN:	WVPHN
Brief description of project:	This project focussed on upskilling primary health care professionals in general practice (i.e. PNs and GPs) in: - The OCP for prostate cancer - Use of a Clinician-led Decisional Tool that identifies supportive care needs - Referral pathways for supportive care Concurrently, supportive care offerings, within and beyond the region, will be mapped in HealthPathways and communicated to primary health care professionals within general practice.
Aim:	To build primary health care professionals' awareness of supportive care needs of men following treatment for prostate cancer and how to refer to services.
Objectives:	To build awareness in primary health care professionals in: - The seven steps involved in the OCP for prostate cancer - A clinician-led decisional tool for measuring quality of life - The three common problems (i.e. urinary, bowel and sexual health) experienced after prostate cancer treatment - The supportive care offerings in the local area To build confidence in primary health care professionals in: - Providing supportive care to men with prostate cancer post-treatment in terms of urinary and/ or bowel incontinence, and sexual health - Using the Quality of Life tool – Expanded Prostate Cancer Index Composite for Clinical Practice (EPIC-CP); a one-page, 16-item questionnaire to measure urinary incontinence, urinary irritation, bowel, sexual, and hormonal HRQOL domains. - Accessing the HealthPathways Knowing where and how to refer patients with urinary, bowel and/or sexual health problems post treatment
Number of practices involved:	Project to be rolled out across Western Victoria PHN with a specific focus depending on supportive care offerings in each sub-region.
Methodology:	Continuing professional development workshops to be delivered by

	Cancer Lead WVPHN and Prostate Cancer Nurse BRICC, targeting GPs and PNs. Information to be covered: • The OCP for prostate cancer • The three most common problems (i.e. urinary, bowel and sexual health) experienced after prostate cancer treatment • The EPIC-CP QoL tool • How to access HealthPathways and referrals to local supportive care offerings • An overview of the supportive care on offer at BRICC Cancer Support Nurses in the Western Victoria PHN region were contacted to discuss: • Promotion of OCP for prostate cancer in primary health • Referral to cancer nurse supportive care in HealthPathways • Promotion of EPIC-CP QoL tool to primary health care professionals An article was published in the WestVic news, including: • The OCP for prostate cancer • Urinary, bowel and sexual health issues after prostate cancer treatment • The EPIC-CP QoL tool • How to access HealthPathways and referrals to local supportive care offerings with main focus on cancer support nurses in each sub-region
Measures used /data collected:	Pre-evaluation workshop: - Measure awareness of primary health care professionals in the following: ▪ OCP for prostate cancer and seven steps involved ▪ Three common problems (i.e. urinary, bowel and sexual health) experienced after prostate cancer treatment ▪ Supportive care needs - Measure confidence of primary health care professionals in the following: ▪ Providing supportive care in terms of urinary, bowel and sexual health ▪ Using EPIC-CP ▪ Using HealthPathways ▪ Knowing where and how to refer patients with urinary,

	bowel and/or sexual health problems post treatment Post-evaluation workshop: - Measure awareness of primary health care professionals in the following: ▪ OCP for prostate cancer and seven steps involved ▪ Three common problems (i.e. urinary, bowel and sexual health) experienced after prostate cancer treatment ▪ Supportive care needs - Measure confidence of primary health care professionals in the following: ▪ Providing supportive care in terms of urinary, bowel and sexual health ▪ Using EPIC-CP ▪ Using HealthPathways ▪ Knowing where and how to refer patients with urinary, bowel and/or sexual health problems post treatment
Results:	Workshops scheduled for Ballarat and Daylesford were cancelled due to lack of registrations. Contacted Cancer Support Nurses in Western Victoria PHN region. Have met 8 of the 18 (44%) of the cancer support nurses during September and October. This will continue after Tranche 2 finishes. Article on the EPIC – CP QoL tool 'Prostate cancer supportive care and sexual health', was published in the WestVic News on 3 October 2018.