An evaluation of the impact of practice nurse initiatives on cervical screening in rural general practice

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Cervical cancer is one of the most preventable and curable of all cancers, particularly if women are screened for precancerous cervical cells. Since the implementation of the Australian National Cervical Cancer Screening Program in 1991, the incidence of cervical cancer declined, from a peak in 1993 of 11 per 100,000 women, to 5 per 100,000 women in 2009. Of Victorian women diagnosed with invasive cervical cancer during 2008, at least 81% had either had never had a Pap test or were lapsed screeners prior to their cancer diagnosis.

Reforms to increase access to general practice preventive health services over the past decade included initiatives to ensure practice nurses had capacity to undertake preventive health activities including Pap-testing. Despite these reforms, the most recent recorded rates of two yearly Pap test participation in the Grampians region ranged between 53.4-54.8%, almost 8% lower than the overall participation rate (60.7%) and about 16% lower than the highest recorded participation rate (69.2%) for Victorian women.

The Grampians region is a geographic area in western rural Victoria that has a history in agriculture which is evolving as primary industry and the composition of rural communities change over time. Preventive screening for cervical cancer is a primary care activity that not only supports health outcomes for females in their local communities, but also the health of their families. Costs associated with morbidity and mortality due to cervical cancer include personal, family and community losses that result in physical, emotional, social and financial burdens.

The research incorporated a mixed method evaluation. Qualitative data from key informant interviews was coded, analysed and scrutinised for repeating and emergent themes to detect for flawed assumptions and explain unintended outcomes. Factors such as: the general practice business case, practice nurse capacity - including workforce and access to education, infrastructure constraints, cultural and professional mores and indemnity issues inhibit PN-Pap activity in the general practice arena.

There are large amounts of data available that depicts ‘what is happening’ in general practice. This research delivers an evaluation that illuminates the mechanisms influencing PN cervical screening, with a focus on what works, for whom, how and why. It incorporates into policy, a greater understanding of the complex contextual nuances of general practice, through the integration of evidence from GP stakeholders in the rural Grampians region of Victoria.

Recommendations

GP are generally the owners of the business and GPs are the individuals who mostly determine what is done, who does what, and when it is done in the general practice arena.

For incentives to act as triggers for activity they need to be:

- meaningful to the GP within the context his/her rural general practice
- deliver utility to the rural GP and the GP organisation.

This understanding needs to be embedded into healthcare policy to improve primary health care services, prevent the wastage of funds and resources, improve population health outcomes and decrease unnecessary deaths in rural Victoria.