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**Title**

Barriers and enablers to cancer screening: A primary care perspective from the HNECC PHN

**Background**

Cancer screening participation rates (cervical, breast and bowel) in some areas of the Hunter, New England and Central Coast (HNECC) region are lower than the NSW average. Understanding the barriers to providing cancer screening services in primary care may help target strategies to improve clinician engagement with screening.

**Aims**

To explore clinicians’ attitudes and behaviours in order to inform the development of localised strategies to improve cancer screening participation.

**Method**

A survey was developed for General Practitioners (GPs) and Practice Nurses (PNs). It was designed to examine attitudes, assess behaviours and explore clinician willingness to utilise suggested activities to improve cancer screening participation. The survey was distributed at three large educational events in the HNECCPHN region.

**Results**

One hundred and forty-seven clinicians (77 GPs and 70 PNs) participated in the survey with a response rate of 78%. GP’s sense of connection to and responsibility towards breast and bowel screening was less than cervical screening. PNs had a more ambivalent sense of responsibility towards breast and bowel screening than GPs, with 29% not likely to raise the topic of bowel screening during a standard consultation. The use of practice recall and reminder systems was lower for breast and bowel screening than for cervical screening. Clinicians were most likely to adopt opportunistic screening than other suggested strategies.

**Conclusion**

The survey reinforced perceived barriers and identified local enablers to cancer screening. There is a need to improve practice recall and reminder systems and provide ongoing clinician, patient and community education. HNECCPHN has subsequently developed a range of locally relevant cancer screening strategies. Clinician engagement can be encouraged through quality improvement activities and practice accreditation standards.