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## #203 - What is done in the real world? Implementation of self-collection cervical screening in primary care

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### Objectives/aims

Implementation science provides well-established methodological frameworks for the development, implementation and evaluation of implementation strategies to support innovation implementation or guideline change in practice. However, mapping and implementing strategies to address contextual barriers and facilitators is resource intensive, and often performed prospectively prior to implementation. The prospective development, implementation and evaluation of implementation strategies in fast moving policy and practice environments is challenging.

This study describes the real-world implementation of universal access to self-collection for cervical screening within primary care practices in Victoria, Australia; a recent national policy change that came into effect on 1 July 2022. This policy is designed to increase participation and equity in the national program and to accelerate the elimination of cervical cancer in Australia. We described the extent to which practitioners adhered to the new guidelines, the intuitive implementation strategies employed and the perceived outcomes of implementing universal access in practice.

### Methods

One-on-one or dyadic semi-structured qualitative interviews (n=26) were conducted with general practitioners, nurses and practice managers (hereafter referred to as participants) working in Victoria, Australia between February and May 2023. Data was coded deductively, informed by the updated Consolidated Framework for Implementation Research (CFIR) and its outcomes addendum. Implementation



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strategies employed by practices were subsequently mapped to the Expert Recommendations for Implementing Change (ERIC) taxonomy.

### Main findings

Most participants were supportive of the availability of universal access to self-collection; however, six (23%) participants had not implemented the policy according to updated guidelines. Reasons included concerns about the lack of clinical examination and patients' ability to collect an adequate sample (CFIR: Innovation - relative advantage), perspectives that change was not required (CFIR: Inner setting - tension for change, relative priority) and challenges in determining the process for pathology laboratories to test samples (CFIR: Outer setting – local setting). Participants who had implemented universal access to self-collection reported a high level of acceptability and an increased uptake of cervical screening among their patients. Key benefits of its implementation surrounded a reduced time in the provision of screening in time-limited consultations, an increased capacity for opportunistic screening and greater opportunity for male providers to provide cervical screening.

Preliminary analysis indicates that for participants (n=20) who had implemented universal access to self-collection, a number of intuitive implementation strategies were described, which have so far been classified into the following ERIC strategies: (1) clinical implementation team meetings; (2) the receipt of educational outreach visits; (3) audit and feedback; (4) relay of clinical data on patients cervical screening history; (5) adaptable models of care (telehealth); (6) revision of professional roles to task shift education provision to nurses; and (7) preparing consumers to be active participants through tailored promotion about self-collection to patients.

Increasing our understanding of existing practice and the implementation strategies deployed, particularly following a recent policy change which requires practitioners to modify their clinical delivery of well-established practices, is imperative to improving the adoption of new evidence-based innovations. Thus, findings from this study can be leveraged to support the scale-up and adoption of implementation strategies in other settings to facilitate greater access to self-collection within primary care. This will be important to ensure that self-collection is optimised to increase equity and participation in the national program. Further, this study provides important learnings



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for the implementation of other innovations within primary care, particularly those that require substantial changes in well-established practices.

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