Final Report:
London Primary Care Network Pilot: Improving Cervical Screening Coverage

NHS England/Lmprovement London Region

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Section 1: Introduction

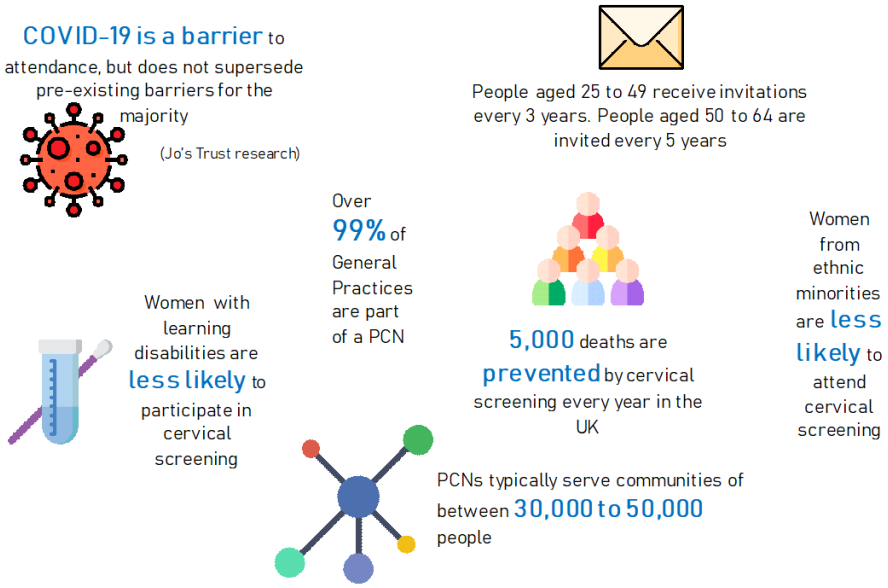
The Cervical Screening Programme aims to reduce the incidence and mortality from cervical cancer. The programme targets people aged 24.5 to 64 who have a cervix using population health principals. Since its introduction, the programme has saved thousands of lives per year in England, however London continues to have the lowest rates of uptake and coverage in the country. This has been associated with a highly mobile population and being more ethnically diverse with pockets of deprivation across the city.

In 2019, The NHS released the Long-Term Plan, outlining the ambitions to improve patient care over the next ten years; including diagnosing cancer early. Primary Care Networks (PCN) play a vital role in delivering the plan and supporting the system wide improvements to meet the national ambitions; although it is acknowledged that there is a significant difference in the investment available for general practice, which has continued to decline over the years. The national move to working across PCNs has provided an opportunity for general practice to play a specific role in reducing inequalities at community levels. This is supported by The Network Contract Directed Enhanced Service, Early Cancer Diagnosis Guidance which sets out the expectations for PCNs to contribute to improving local uptake of national cancer screening programmes by working with public health commissioning teams.

The need for community focused and targeted work has been further highlighted throughout the COVID-19 pandemic where there has been a deficit in samples being taken in Primary care. While GPs are managing to catch up, there are still 250,000 women who should have been screened.

These systems are explored in further detail throughout this paper and should provide an opportunity for reflection at both PCN and commissioner level to challenge the current ways of working and removing the barriers to patient engagement. This paper is a call to action to encourage GPs across London to re-engage in the screening programme

[Note: at the time of writing, London has recovered fully and the number of However by April 2020, London overall has recovered and the number of samples taken over 2020/21 has now exceeded the total samples taken in 2019/20.]



Executive Summary

Variation in screening participation exists both within and between national screening programmes. Research shows that generally, people who are at higher risk of the condition being screened for, are less likely to participate[1].

The pilot projects described in this paper aimed to test out the feasibility of interventions to improve uptake and barriers to engagement within the cervical screening programme. There is also an opportunity to Make Every Contact Count and contribute towards improving wider health and wellbeing misconceptions.

Targeted communities as part of this project include;

- People with learning disabilities
- People from the Orthodox Jewish community
- People from Romanian and Bengali communities
- People who have never attended for a cervical screen
- People who are at least 6 months overdue a screen

As well as using the finding to improve records, databases, and contact information for patients.

The NSHE/I cancer screening pilot projects were launched in 2019 and set up in response to the urgent need to improve coverage within cervical cancer screening, and a specific focus to tackle growing inequalities in the learning disability population. The aim of the pilot projects is not to test the effectiveness of interventions, but rather an appraisal of intervention feasibility and the impact on uptake. This paper provides an opportunity for stakeholders in the cervical screening pathway to review tried and tested methods of engagement, explore the possibilities around removing barriers to access and reflect on the current ways of working and how to roll out interventions consistently.

[1] PHE Screening inequalities strategy: https://bit.ly/3iTsudV October 2020

Initially, 10 PCN sites expressed their interest in conducting pilots across London – 2 PCN's from each STP area - working with a range of people and communities. This has made the delivery of the projects different for each PCN however the learning and highlights where there could be both systematic and hyperlocal changes. These include -

1. **Understanding the population** – data and information is key to ensuring that practices can provide information and care in a personalised manner
2. **Bridging the culture gap** – using health professionals who can connect with patients either through culture or language improves (a) uptake (b) understanding why patients do not attend
3. **Patient friendly communication**- tailored messaging has shown to improve uptake and understanding of cervical screening.

Coronavirus Pandemic 2020 and Health Inequalities

The global COVID-19 pandemic had a significant impact on the planning, delivery, and management of the Cervical Screening Programme across the UK. The NHS saw the numbers of people attending cervical screening fall dramatically. This was due to several reasons including the national stay at home directive, a genuine fear of infection from COVID-19 and NHS England and Improvement (NHSE/I) postponing appointments/delaying new invitations.

The Coronavirus Pandemic has highlighted the disparity in the risk and outcomes following infection from the virus and confirms that the impact of covid-19 has replicated and exacerbated existing health inequalities[2]. The implications of this are widespread and call for immediate changes in the health and social care system - not just to reduce mortality from COVID-19 but also to improve the wider determinants of health.

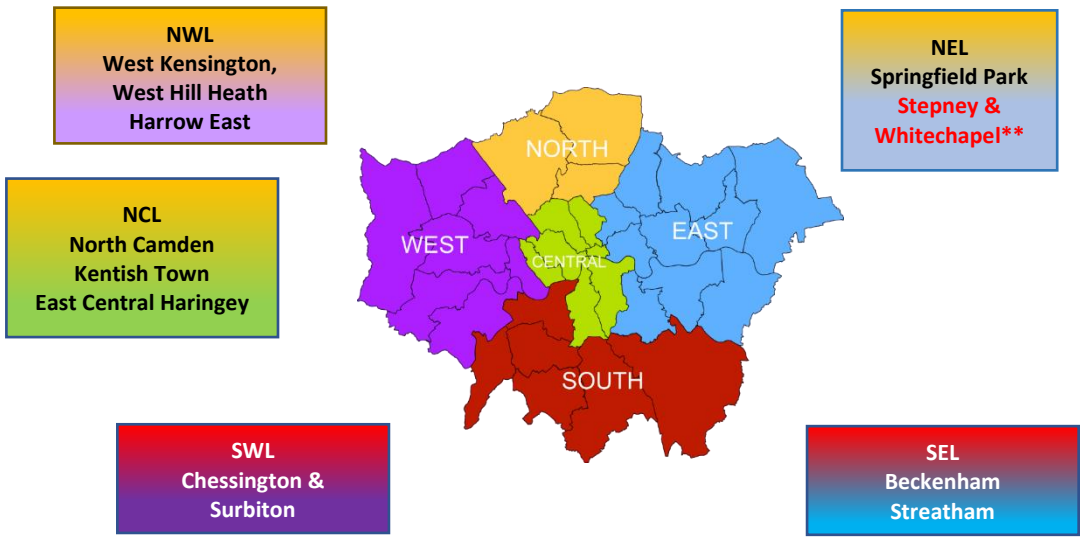
The screening workforce has limited ability to influence the structural causes contributing to health inequalities however there are plenty of opportunities for stakeholders to tackle health inequalities along the screening pathway. And while these pilots have been run for a limited time only, they do provide opportunity for reflection at the invitation stage, provision of information and access to the service. It should be noted that the pandemic created a sense of urgency for PCN's to make quick infrastructure changes, some of which contributed to the successful delivery of these pilots -such as online appointment booking.

Section 2: Methodology and background

2.1 Methodology

In September 2019, PCN's across London were asked to submit project proposals to improve cervical cancer screening uptake across the network. Each intervention is already considered as good practice for primary care to be engaging in. Each intervention should be replicable, and the funding used to provide dedicated resource to support the delivery of innovative approaches to support uptake in the chosen communities. Below is a visual representation of the locations of each PCN mapped across London.

[2] Beyond the Data: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf June 2020



*Note, Stepney and Whitechapel PCN could not continue with the pilot due the Coronavirus Pandemic

To qualify to be a pilot site, practices within the PCN had to demonstrate compliance with the following key recommendations from the Primary Care Cancer Screening Good Practice Guide, and had to nominate a screening lead (clinical or non-clinical).

Each pilot site was expected to select two of the following evidence-based interventions to implement across their PCN member practices/services to implement for 1 year. The interventions include the following:

- Improving access to clinics (extended access)
- Providing access to clinic through online booking
- Increase number of routine non-attenders
- Improving access of people with learning disabilities
- Improving access to clinics through text reminders
- Improve mobile phone verification

Project leads were required to also provide quantitative data to understand what the uptake has been in comparison to 2019 baseline data. This is not to prove the viability of the intervention, but rather the feasibility of running the intervention in different PCN settings. PCN leads were free to roll out the intervention in a way that see fit, however, the project needs to be run consistently across the PCN.

PCN's were paid 8K to start up their projects and a final 8K on submission of an evaluation, which could be shared across PCN's to encourage them to review their role in improving uptake and coverage across London. The national standard for uptake is 80% which historically has not been met

Unfortunately, the COVID-19 pandemic caused delays in the provision of services within PCN's including a pause in the programme over the pilot timeline. However, the project has highlighted the opportunities to thrive and succeed under pressure and this good work will be showcased throughout this paper and provide opportunities for whole system learning.

2.2 PCN Background

London is a multicultural city. In some areas, people stay for the entirety of their lives. In others, the area can have very transient communities. This provides a challenge for primary care in particular and is reflected in London having the lowest cancer screening uptake and coverage in the country, nor does London meet any of the national cancer screening uptake and coverage targets. Therefore, each pilot site took a flexible approach to delivery within their community. The next section provides an overview of each of the PCN pilot sites and a short description of the intervention they have implemented.

Site 1: Chessington & Surbiton PCN	
Pilot timeline: September 2020 to September 2021 Population size: 33,255 STP: South West London Local Authority: Royal Borough of Kingston 5 Practices within this PCN	Key demographic information • 20% least deprived unitary authorities in the UK • Health is better than England average • South West London Health ICS coverage and uptake is 67.3% (May 2021)[3] • PCN Coverage and uptake is 71.2% (May 2021)
The Chessington and Surbiton PCN pilot is specifically focused on working with the Learning Disability community. This PCN has been investigating the correct data sources to be able to accurately identify the LD cohort. Once identified, the patients are sent a timed appointment letter and the offer of a phone call/walk through of the process before appointment.	

Site 2: Streatham PCN	
Timeline: September 2020 to September 2021 Patient size: 54,208 STP: South West London Local Authority: London Borough of Lambeth 7 Practices within this PCN	Key demographic information • Health of people in Lambeth is varied in comparison to the England average[4] • Lambeth is one the most 20% most deprived unitary authorities in England • Life expectancy for women is higher than the England average • Our Healthy South East London Partnership 67.8% (May 2021, NHS futures)[5] • PCN coverage and uptake is 68.3% (May 2021, NHS Futures)
Streatham PCN is a challenging PCN with 7 practices all differently resourced. The pilot was working specifically to extend access to the surgery and facilitate online booking. Streatham PCN capitalized	

[3] NHS Futures (May 2021) *Cervical Screening target, age 25 – 64: Cancer Screening uptake and coverage SWL ICS* Available at: https://future.nhs.uk/PublicHealth_Analysis/view?objectId=26682672

[4] PHE (March 2020) *Lambeth local authority health profile.* Available at: https://bit.ly/3aTPULT

[5] NHS Futures (May 2021) *Cervical Screening target, age 25 – 64: Cancer Screening uptake and coverage SEL ICS* Available at: https://future.nhs.uk/PublicHealth_Analysis/view?objectId=26682672

on taking this opportunity to also establish additional opportunities for additional best practice interventions, including text reminders, mobile phone verification and a single cross PCN call and recall system

Site 3: Beckenham PCN	
Timeline: September 2020 to September 2021 Patient size: 59,400 STP: South East London Local Authority: London Borough of Bromley 7 Practices within this PCN	• Health of people in Bromley is generally better than the England average[6]. Life expectance for both men and women is higher than the England average • Our Healthy South East London Partnership 67.8% (May 2021) • PCN coverage and uptake is 74% (May 2021)
Beckenham PCN was leading the vaccination programme in the area therefore this pilot took a hiatus in delivery of the service. When it got started, the aim of this project was to provide an extended access service and reach persistent non-responders (those who have never attended a cervical screen) through text messaging and targeted phone calls. This PCN also invested in training for the admin team through Jo's Trust as they acknowledged the importance of this role in triaging nervous patients. And later invested in a lead nurse to support this pilot fully. This was highlighted a key risk during the development of the pilot.	

North Central London PCN's • **Site 4: North Camden** • **Site 5: Kentish Town (South)** • **Site 6: East Central Haringey**	
Patient size: Between Summer 2020 to September 2021 North Camden – 52,235 /coverage 58.6% Kentish Town (South) – 31,921 /coverage 55.6% East Central Haringey – 37,386 / coverage 60.9% STP: North Central London Local Authority: London Borough of Camden X practices in each PCN	• The health of people in Camden is varied in comparison with the England average. Life expectancy for both men and women is higher than the England average. Life expectancy for women is 10.6 years lower in deprived areas and 12.6 years lower for men[7]. • North London Partners in Health & Care 61.8%[8]
All North Central London pilot sites for this project are in the London Borough of Camden <u>North Camden</u>	

[6] PHE (March 2020) *Bromley local authority health profile.* Available at: https://bit.ly/3lV1Lj9
[7] PHE (March 2020) *Camden local authority health profile.* Available at: https://bit.ly/3pdoTeV
[8] NHS Futures (May 2021) *Cervical Screening target, age 25 – 64: Cancer Screening uptake and coverage NCL ICS* Available at: https://future.nhs.uk/PublicHealth_Analysis/view?objectId=26682672

The North Camden PCN focused on encouraging people with learning disabilities to come for screening. This was done firstly through ensuring that the PCN's understood who the population was, and whether the data available was correct and accurate.

Kentish Town

Kentish Town PCN focused on providing extended access and use of text message reminders. The clinical and administrative workforce also played a significant role in the delivery of the programme and particularly focused on bridging the culture-health gap for patients where English was an additional language- particularly for the Bengali Community.

East Central Haringey

East Central Haringey PCN used text message reminders and verifying telephone numbers. These practices implemented an automatic call and recall pop up system to prompt those who access a patient GP record to call them for their cervical screen. This PCN also saw improvements in cervical screening uptake across the PCN.

North West London PCN's

- **Site 7: West Hill Health PCN**
- **Site 8: Harrow East PCN**

Pilot timeline: Jan 2020 – June 2021 (Harrow East) / March 2021 – March 2022 (West Hill Heath) Patient size: 67,000 STP: North West London Local Authority: Hammersmith and Fulham There are 3 practices in Harrow East PCN There are 7 practices in the West Hill Heath PCN	Key demographic information • Located in Hammersmith and Fulham • Health in this borough is varied in comparison to the England average • North West London Health and Care Partnership uptake and coverage is 55.5%

West Hill Heath

This pilot has an incredibly diverse population with many overseas patients across Europe and the US. The focus therefore was on providing walk in clinics for this transient population, creating maximum flexibility for people within this area. Unfortunately, this pilot was delayed due to the Coronavirus pandemic and this element of the pilot has not restarted. After restarting in Summer 2021, this pilot is now focusing on provision of extended access and protected sessions to deliver services. This pilot also looks at the person as a whole; utilizing the use of contraception and family planning clinics to deliver cervical screens

Harrow East

This pilot specifically focused on targeting non-responders specifically using text messaging. As a diverse geographical area, language was a key barrier to ensure effective communication with patients. This was carried out specifically using Whatsapp and Facebook for specific communities and exploring the reason for DNA rates. (Romanian community)

Site 9: Springfield park, City and Hackney

Timeline: Jan 2020 – April 2021 Patient size: 59,400	• Health of people in Hackney is varied in comparison to the England average

STP: North East London Local Authority: City of London and London Borough of Hackney	• Hackney is one of the 20% most deprived districts/unitary authorities in England • Life expectancy is 6.3 years lower for men and 4.5 years lower for women in the most deprives areas of Hackney than in the last deprived areas • East London Health & Care Partnership ICS cervical screening coverage and uptake is 64.1%
This PCN focused on improving the uptake of screening in the Orthodox Jewish Community. This PCN has 3 sites and provided protected session time and resource to deliver clinics on Sundays rather than Saturdays. This pilot faced a number of challenges including communication with those who are digitally excluded,	

Section 3: Outcomes

All PCNs were asked to complete an evaluation template to collate the data in one place. However data is not collected consistently or easily in primary care or at PCN level. It should also be noted that services took a brief pause in delivery, which unfortunately skewed all data collection. Therefore this report focuses on the qualitative data received from PCNs. The quantitative data collected can be found in the appendix.

3.1 Pilot challenges

This section provides an overview of the challenges that have been raised throughout this project. They offer an insight into the opportunities for change at both local, regional, and possibly national level. These challenges could also be applied to other screening programmes;

A. Complications due to the Coronavirus Pandemic

The NHS was severely impacted by the delivery of services during the peak of the coronavirus pandemic (March 2020), with a number of services not quite returning to normal delivery until 2021 While scheduling of appointments and logistical issues play a huge role in the lack of ability to deliver services, the impact of fear that both the workforce and patients experienced, should not be underestimated.

Workforce

Delivery of the National Cervical Screening Programme is dependent on competent and empathetic staff. The pandemic presented an unfortunate mix of staff shielding or being unwell, and the fear of facing patients again after a brief hiatus when screening was paused, exacerbated by the supply issues around PPE. The stress of managing the pandemic both personally and professionally is not something that could have been anticipated.

Streatham PCN

"The Covid pandemic has disrupted all our practices - One of our nurses died and our staff had to overcome the anxiety of seeing patients face to face…we had nurses who were shielding, vulnerable and could only work from home"

The pressure on the workforce has also been further exacerbated by the drive for primary care to lead the delivery of the covid-19 vaccination programme. PCN's have been the driving force behind the vaccination programme in the community, which unfortunately delayed the progression of the pilots and removed available workforce to deliver cervical screens.

Appointment time and clinic availability

The Government mandate to enforce social distancing and maintain infection control measures had a significant impact on the management and flexibility of screening appointments. Generally speaking, Primary Care Networks had to reduce the total number of clinic slots available while also increasing the length of appointments to ensure infection control measures have been taken. The toll of this on delivery of the service has meant that GP's have had to manage increasing anxieties from patients who may have long waiting times as well as managing the higher possibility of DNA rates. Evidence of this was seen with West Hill Heath Pilot, who had to pause their 'walk-in cervical screening' pilot due to the pandemic and has not been restarted at the time of writing

B. Access to data, IT systems and processes

Ensuring that this pilot could take place across PCN's, the leads had to work across GP boundaries. Upon doing this work, it was found that where there may be similar or the same IT systems, GP's often had very different processes in coding patients, rotating staff, or communicating with patients.

Understanding population demographics can help understand their populations better however, specific demographic data has historically been difficult to obtain in primary care such as accuracy of learning disability and ethnicity data. Management of data and access to information is key to understanding microlevel population health initiatives. However some PCNs do not share IT systems and staffing, making it difficult to achieve consistency. This section explores some of the key challenges.

Identifying the population using accurate coding

Identifying patients through accurate coding provides an opportunity for PCNs to be able to understand their patients better and target services and initiatives more specifically. Unfortunately, obtaining this data in primary care has been historically difficult. While the goal would be that all records can be accurately coded, the reality of the experience on the ground does not meet the reality. North Camden PCN and Kentish Town South particularly struggled with management of ethnicity data, and focused on

accurately implement new codes in order to conduct reminders for people who have not responded/are not seen usually in cervical screening.

Accurately recording learning disabilities on GP registers has also been historically difficult. 2 PCNs explored this in depth with their pilot, with one in particular implementing new codes. Understanding this process will allow PCN's to futureproof their data and support the wider work of their practices to improve uptake and coverage for all services they deliver. North Camden PCN provides an example of what this looks like in practice, including the difficulties in then sharing these codes across the PCN (see section 3.4 for more information)

Learning disability coding - North Camden PCN

"It has been very hard to identify who has a learning disability in our system as a number of codes are out of date. I have had to cleanse the data first, write a protocol before I can share this with the rest of the PCN"

Consistent reminder processes

While CSAS are responsible for inviting the eligible population for screening, PCNs are able to remind non-responders by utilizing their own communication methods. Unfortunately for some PCN's there is a lack of consistency across how this is implemented. This could be down to a number of issues including

- The time taken to do this
- Potentially not having the resources to carry out this task
- Lack of infrastructure such as online booking

Going forward, PCN should be thinking about how to utilize reminders better, especially where there may be shortages in staff or where targeted work with communities is taking place

Patient reminders - Streatham PCN

"It has been difficult to standardize the call/recall and unified coding across the 3 PCNs. Prior to the project, only 1 practice was using online booking. Now at least 6 practices are booking Patients online, allowing them to have a unified call/recall system"

3.2 Pilot Successes

While there were several challenges to delivery, the pilots have created a space for PCN's to try new ways of working. There have been a number of positive outcomes of this work for both patients and the

workforce and this section presents an opportunity to reflect on how small changes can have beneficial impacts on the patient experience.

Culturally competent communication

In areas where there are lower levels of literacy or where English may be a second language, communication about cervical screening both at appointments, at invitation or consultation needs to be appropriate for the patient. Easy to read guides are very popular within practices, but this does not mean that they are widely available or sent out routinely with invitations. A number of PCN's within this pilot took the opportunity to do things differently and used a number of tools and interventions to effectively communicate the process and benefits of a cervical screen. PCNs also capitalized on the use of dedicated staff resource by supporting specific patients to feel more comfortable ahead of the cervical screen by offering walk/talk through the sample taking process. This was particularly successful with Chessington and Surbiton PCN who were focusing on the learning disability population.

It is crucial that PCNs take active steps to promoting equity to access to services and for patients to be able to make informed choices for their health.

Using '*Language line*' – *Kentish Town South (Camden)*
"We introduced extended access to improve the uptake for our diverse community. Part of this work included the use of interpreters to call Bengali patients to support them to attend appointments. We did a monthly check to see who was due an appointment and proactively invited them"

A. Strengthening the workforce (processes and triaging)

A big success of the pilots was the ability to reconfigure the way the workforce delivers the programme. This was conducted in a number of ways, and PCNs used the pilot as an opportunity to explore new processes to improve uptake of appointments.

Utilizing the workforce skill – *Harrow East*
"We worked with the local public health department and fingertips to understand the population – we found that we have a high Romanian community, who largely communicate through Facebook. We then decided to reach out directly to them, (Facebook, Local Romanian Church and GP videos) utilizing our Romanian speaking staff who supported patients with providing information about screens as well as booking appointments"

Strengthening processes – patient reminders

By strengthening the workforce, PCN's have been able to prepare and plan appointment slots as well as build relationships between the GP and the patient to reduce DNA rates. A number of PCN's firstly allocated specific time for cervical screening. This protected the time needed to both carry out the administration as well as the delivery of the programme. Key themes of improving the reminder system include;

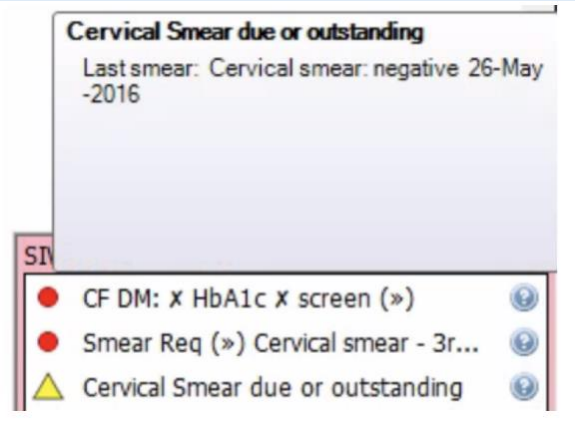
- Prioritizing patients who have not been invited to the surgery or who are persistent non attenders
- Keeping a log of women who have been unable to attend their cervical screen but have not yet booked
- Experienced staff recalling patients who have been called more than once or patients who are particularly anxious about attending
- Various options for booking appointments including, self-booking online, calling the practice or requesting a call back via text from the practice.

Automated patient reminders - East Haringey PCN

PCN A implemented a popup recall system which prompts receptionist and healthcare staff for immediate recall intervention. This can take place either on the phone or face to face.
An EMIS template was created to help guide staff about the benefits of cervical screening, provide leaflets in different languages as well as ensuring they use the correct codes to help audit the recall process

Development of pop-up 'recall' across the PCN to streamline and standardize the approach to improving rates of uptake
Case Study: East Haringey PCN

PCN A implemented a popup recall system which prompts receptionist and healthcare staff for immediate recall intervention. This can take place either on the phone or face to face.
An EMIS template was created to help guide staff understand the benefits of cervical screening, provide leaflets in different languages as well as ensuring they use the correct codes to help audit the recall process



"Emis has its own pop-up that directs staff that a patient is due for a smear test. When the reception/clinician notes the pop-up when the patient is ringing the surgery or being seen face to face, they would briefly signpost the patient to see the nurse for a smear test"

Strengthening processes - Staff training

Some PCN's used the funding to employ and restructure staff to support the effort to improve uptake – this includes training for both clinical and administrative staff, funding for locum staff to join the team and triaging of patients to more specialist staff. Some of the key initiatives include;

- Running motivational interviewing workshops for receptionist staff, to support them to Make Every Contact Count
- Delegation of lead nurse to take charge of some the work including thinking strategically about how to support the work
- Employment of a health and wellbeing coach primarily focused on mothers and parenting to provide targeted support for specific communities

Encouraging nurse engagement - Streatham PCN

"Meeting with all nurses across all 7 practices was difficult but we wanted to meet to have a specific aim to increase smear uptake. Nurse engagement can be a challenge. We had to appoint a lead PCN nurse who is building on engagement and organizes MS Teams informal meetings"

3.3 Summary - what can we learn about our populations

Understanding the populations served is a key part of the development of any service. General speaking Cervical Screening has a perception of being embarrassing, painful, uncomfortable but necessary [9](supported by Jo's Trust research). These pilots provided opportunities to learn more about the patients behind each appointment and what could be provided to support these appointments to be better attended/more comfortable. Here is what the PCN learned about the populations they were targeting during the pilots

Here are is what the PCN's learned about the populations they were targeting during the pilots

"Older women were more likely to attend Out of Hours Clinics"

"Access to childcare is one of the biggest barriers for some women to come in for their screen"

"Targeted and trusted communications is key to working with our local community - we need to speak to patients in their language"

"Personally engaging with the patient after a DNA usually resulted in subsequent attendance for an appointment"

"Anxious patients need a little more time to talk through their concerns"

This early learning has already led to changes in the way these PCN's will carry out their work including encouraging patients to undertake patient satisfaction surveys to understand patient behaviour around

[9] Research to understand attitudes to participation in cervical screening during the pandemic: https://bit.ly/3vb2AHv Jo's Trust October 2020

attending appointments, DNA's, appointment feedback and bespoke training for admin staff by Jo's Trust.

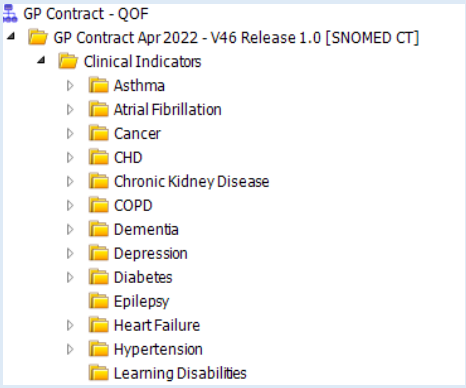
3.4 Summary – A deep dive into improving uptake in the learning disability population (North Camden PCN)

Develop and implement plans to improve cervical screening uptake in women with learning disabilities

Uptake of Cervical Cancer Screening in women (aged 25 – 64) in Camden with learning disability is 33% compared to 66% of the eligible Camden population

In order to improve uptake from this community, North Camden PCN focused on improving their ability to run searches within EMIS. This work was led by a cervical screening champion and coordinated with the PCN clinical lead.

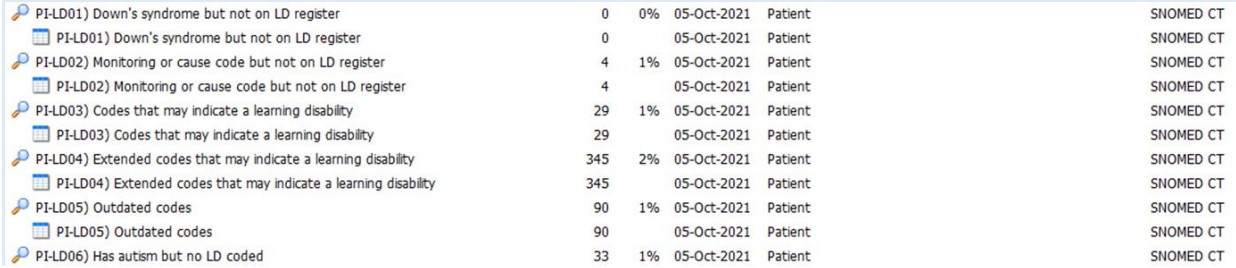
The main challenge faced by North Camden was the accuracy of codes on their Learning Disability register. This meant that it was not always clear who had a disability or what disability they had. NHS digital specifies the codes that need to be present on a patient's records. The diagnostic codes for Learning Disability changed significantly from Read Codes to SNOWMED codes in 2018 – creating more consistency in coding across the entire pathway.



Trisomy 21, meiotic nondisjunction	205615000	88351000006114
Trisomy 21- mitotic nondisjunction mosaicism	205616004	315347014
Mongolism	41040004	698341000006115
Trisomy 21, mitotic nondisjunction	205616004	88361000006111
Trisomy 21, translocation	254264002	88381000006118
Trisomy 21	41040004	88331000006119
Partial trisomy 21 in Down's syndrome	254264002	378494019
Down's syndrome	41040004	893481000006117
Down's syndrome NOS	41040004	628291000006112
Trisomy 21 NOS	41040004	88341000006112
Patau syndrome	21111006	35483012
Trisomy 13, translocation	254268004	88271000006113

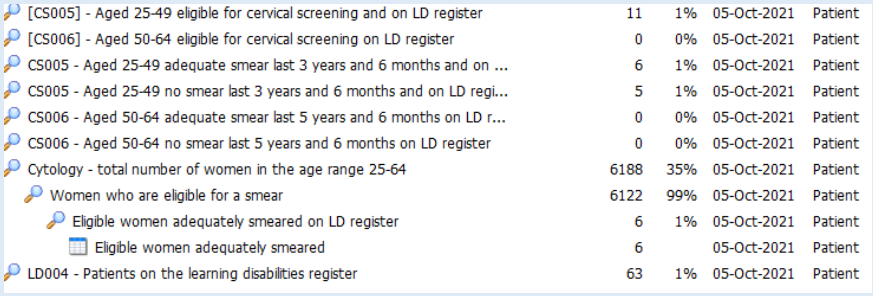
Example 1: screenshots of SNOWMED on EMIS web and the many different types of codes available

The PCN lead with support from the clinician looked through the searches manually, to review the codes for each patient, accurately recode them - which included scrutinizing patient notes to decide whether they should be on the LD register.



Example 2: screenshots of SNOWMED on EMIS web demonstrating codes

By making sure that the list are cleaned, North Camden PCN is able to accurately capture new patient registrations and code their learning disability.



[CS005] - Aged 25-49 eligible for cervical screening and on LD register	11	1%	05-Oct-2021	Patient
[CS006] - Aged 50-64 eligible for cervical screening on LD register	0	0%	05-Oct-2021	Patient
CS005 - Aged 25-49 adequate smear last 3 years and 6 months and on ...	6	1%	05-Oct-2021	Patient
CS005 - Aged 25-49 no smear last 3 years and 6 months and on LD regi...	5	1%	05-Oct-2021	Patient
CS006 - Aged 50-64 adequate smear last 5 years and 6 months on LD r...	0	0%	05-Oct-2021	Patient
CS006 - Aged 50-64 no smear last 5 years and 6 months on LD register	0	0%	05-Oct-2021	Patient
Cytology - total number of women in the age range 25-64	6188	35%	05-Oct-2021	Patient
Women who are eligible for a smear	6122	99%	05-Oct-2021	Patient
Eligible women adequately smeared on LD register	6	1%	05-Oct-2021	Patient
Eligible women adequately smeared	6		05-Oct-2021	Patient
LD004 - Patients on the learning disabilities register	63	1%	05-Oct-2021	Patient

A robust register now means that practices across the PCN can be accurately searched on EMIS with a new cervical screen template. In practice, these new protocols can adopted and shared and new information leaflets developed to support conversations with patients

This process was supported by IT leads across the PCN, Federation and CCG and a team of trained administrators who helped to book appointments.

3.5 Summary – A deep dive into improving uptake in the Orthodox Jewish Community (Springfield Park PCN)

Provide extended access appointments across all surgeries in the PCN with a focus on the Orthodox Jewish Community

This pilot used the funding to provide protected session time and resources to deliver clinics on Sunday to the Orthodox Jewish Community. In practice this, these extended clinics were streamlined from 3 clinics into 2 on Saturdays and Sunday, with around 14 to 18 sessions available per clinic using sessional nurse cover

Some of the key challenged facing this PCN with connecting with this community in the past included;

Key Challenges	What worked well
Building trust between the patient and the GP **Childcare availability** for patients proves to be extremely difficult **Stigma of HPV** in the orthodox Jewish Community and anxiety around discussing sex and relationships with a health professional Working with a **digitally excluded** community	The PCN build a positive relationship and played the role of **a trusted voice** in the Orthodox Jewish Community and bridging the cultural gap between patients and the PCN **Dedicated calling/reminder service** run in house in clinic to contact women as this population may not always have internet enabled phones Incorporating a **dedicated 'health and wellbeing offer' which wrapped around the family** with the inclusion of a cervical screen option. This helped to reduce the stigma of HPV and acknowledge the health of the woman as a whole

Section 4: Recommendations

This report has been put together with the voices and experiences of real people, working together to save lives and prevent death from cervical cancer. The physical context in which they work continues to be in flux, with pressures on finances, workforce and now the impact of the Coronavirus pandemic. Strategically, a change to HPV primary testing, considerations being made around changing the intervals for screening and the push across the health system to reduce inequalities; presents several opportunities to take stock of the delivery of the programme. Here are the key recommendations from this pilot;

1. Ensure that patient records and registers are clean and up to date. This is likely to be a manual task, but it is essential to the effective call and recall that patient information is accurate. This includes checking correct mobile phone numbers and health status, i.e. keeping the learning disability register up to date
2. Invest in IT systems, processes and coding across PCN's. This will reduce potentially duplication, and support the provision of more flexibility of appointments for the patients
3. Carry out patient surveys to understand the needs of the eligible population – including those who do not attend screening appointments
4. Invest in true community engagement by utilizing the skills of your workforce (e.g. people who are bilingual) and go out into community spaces to communicate about cervical screening – both physically and online (Facebook groups, Next Door etc.)
5. Allocate cervical screen only appointments on PCN or primary care digital solution (eg EMIS), and allow patients to view this on the front end
6. Regularly monitor and review data on cervical screening – both GP practice data and secondary data e.g. Public Health Fingertips/NHS Futures, to understand performance of the programme. This learning should be shared with the management team

7. Implementation of solid workforce training and leadership to support administration around the programme (Call/recall, motivational interviewing) and coordinated delivery of the service (sample takers). This could be led by an experienced or passionate nurse
8. Support opportunistic/walk in screening to maximize the time patients spend within practice
9. Strengthen the patient reminder process to ensure the end to end delivery of patient to appointment. This could include investing in IT (use of pop up reminders on screen) or introducing triaging of staff to meet the needs of anxious patients
10. Introducing a more diverse patient forum with people from targeted populations, engaging them in lessons learned and opportunities for sharing their perspective on service delivery

Section 5: Appendix

Table 1: Number of women screened over the course of the pilot	
PCN's	**Number**
East Central Haringey	7487
Harrow East	Not available
Kentish Town (Queens Crescent)	190 (TBC)
Kentish Town (James Wigg)	995 (TBC)
North Camden	58 women on LD register
Springfield Park	891

Streatham	10,524

Table 2: Baseline statistics (women aged 25 – 49 with a screening result in past 3.5 years)		
PCN's	**2019/20**	**2020/21**
East Central Haringey	66%	65%
Harrow East	67% (Sept 2020)	70% (June 2021)
Kentish Town (Queens Crescent)	TBC	TBC
Kentish Town (James Wigg)	TBC	TBC
North Camden	Difficult to measure due to data	
Springfield Park	45%	55%
Streatham	67.60%	65%

Table 3: Baseline statistics (women aged 50 – 64 with a screening result in past 5.5 years)		
PCN's	**2019/20**	**2020/21**
East Central Haringey	85%	83%
Harrow East	Not available	
Kentish Town (Queens Crescent)	TBC	TBC
Kentish Town (James Wigg)	TBC	TBC
North Camden	Difficult to measure due to data	
Springfield Park	31%	45%
Streatham	67.6%	74.2%