|  |
| --- |
| **PCN Evaluation Template 20/21**Thank you for all your work to improve uptake and coverage in the cervical screening programme. This template will help you to focus in on the data that is needed to understand the feasibility of each of the interventions. Please choose the intervention from the list below that you chose to implement in your PCN and add the data submission into that section.**PCN area: Beckenham****PCN lead: Dr Thuwa Logeswaran****Date pilot started: March 2020** **Brief summary of pilot and population/demographics: The PCN focussed on providing extended hours smear appointments at a hub clinic for all practices to book into on a Saturday morning. Online bookable smear appointments were also made available at two practices for evenings and early morning slots.** **Beckenham PCN consists of:****Cator Medical Centre: 13,000 Majority falling into 30-49 age group****Elm House Surgery: 19,000 Evenly distributed across all age groups****Cornerways: 8,000 Even distribution across all age groups****Eden Park: 9,000 Even distribution across all age groups****Manor Road: 6,000 Majority falling into 30-69 age group****St James’ were not included in the pilot.**  |
| **Intervention** | **Data** | **Data Submission** | **Comments** |
| **Baseline statistics – all to complete** | Number of women screened  | Elm House: 854Cator Medical Centre: 632Manor Road:379Cornerways: 458Eden Park: 601TOTAL: 2,924 |   |
| Women aged 24 – 49 number and % with a screening result in the past 3.5 years (2019 baseline vs pilot) | Elm House: 2755 83% Cator Medical Centre: 2304 81%Manor Road: 803 72%Cornerways: 994 73%Eden Park: 1137 76% |   |
| Women aged 50 – 64 number and % with a screening result in the past 5.5 years (2019 baseline vs pilot) | Elm House: 1343 86% Cator Medical Centre: 671 88%Manor Road:409 75%Cornerways: 571 77%Eden Park: 708 79% |   |
| **Extended Access (EA)** | Number of EA screening appointments available  |  See spreadsheet |   |
| Number of these appointments booked and attended  |  See spreadsheet |   |
| Any attitudinal/qualitative data available regarding extended access appointments (eg patient questionnaire) |  See spreadsheet  |   |
| **Online booking**  | Numbers of women screened per month (comparator: same month in 2019 and 3 months prior to intervention start date)  | See spreadsheet  |   |
| Number and proportion of screening appointments available to book online per month |  See spreadsheet |   |
| Number and proportion of these appointments booked and attended |  125 online appointments attended |   |
| Any attitudinal/qualitative data available regarding online appointments (eg patient questionnaire)  | See spreadsheet |   |
| **Non-attenders** | Number and % of women who did not attend their cervical screening appointment by practice (DNA booked appointment and/or declined appointment) |   |   |
| Number and % of women contacted about their non-attendance by practice |   |   |
| Summary (number and %) of reasons for non-attendance (suggest you code the data) – may be helpful to present the data using bar charts etc  |    |
| **Learning disability**  | Number of women identified with LD registered with PCN practices aged 25-64 |   |   |
| Number of screening appointments booked and attended |   |   |
| Any attitudinal/qualitative data available regarding LD appointments (eg case studies) |   |   |
| **Text reminders** | **Due a screen:** Denominator: number of women due for a cervical screen (monthly)Number and proportion who were texted a reminder to bookNumber and proportion of those texted/not texted who booked |   |   |
| **Reminder of appointment**: Denominator: number of women with an appointment (monthly)Number and proportion who were texted an appointment reminderNumber and proportion of those texted/not texted who attended |   |   |
| **Mobile Phone number verification**  | Number and proportion of women 24-64 on GP registers with mobile phone number recorded |   |   |
| Number and proportion of mobile phone numbers verified |   |   |
| **Project logistics****How was the project resourced? (new systems, staff, administrative support)**The Project was staffed by a team of practice nurses who were rostered to run the Saturday morning smear clinics. These clinics were organised by the Clinical Director in conjunction with administrators. The Online bookable appointments were allocated and made live by an administrator and took place in pre-existing nurse clinics, patient messaging was altered by an administrator to ensure that patients were aware of the new options available to them. The data collection and surveys were completed by the PCN Nurse Facilitator.**What worked well?** The uptake of Saturday appointments was variable across the network of practices, some were using their slots regularly and bookings were attended, this was particularly successful in a surgery who do not currently have a nursing team. The online bookable appointments were extremely successful with a high rate of bookings, low DNAs and good feedback from patients. **What part of the implementation was a challenge?**Setting up the systems to allow bookable appointments across the network was a challenge, time slots were allotted to each individual practice on their own EMIS Web appointment book and the nurses were given access to each practice. This meant that any unused slots could not be easily utilised by another site and also required the nurses to have multiple logins. The same problem was encountered with Open Exeter and getting access to Patients records as the nurses required multiple accounts and logins to access information they needed for the appointments. Breaking down barriers with staff and encouraging the appointments to be booked was also a challenge. Patient communication about the availability of these appointments was also under review as the uptake was so low in some practices. With the online bookable appointments the only challenge was fielding any incorrect bookings. This was in part remedied by careful consideration of the text that appears on Patient Access, however due to the restriction of characters this was limited and did not allow an inclusive approach. This said, the majority of booked appointments were correct.  |
| **Patient experience and impact****What have you learned about the outcomes of your selected population?**Online accessibility is very important to the population due to the ability to book out of hours, not having to wait on phone lines for any length of time, privacy and confidentiality when making bookings and having a choice of appointments visible to them to decide from. Timings of appointments is also important, giving out of work hours appointments priority and the option for Saturdays, however weekends seem to be slightly less important to this population. **How will this way of working improve patient experience long term?**Booking online for smear tests will increase accessibility to testing, making the process easier and quicker for patients to book a test. This in turn should increase screening numbers and overall improve patient outcomes.  |
| **Wider learning****What piece of advice would you give to another practice who wants to implement your chosen intervention?**Ensure that your messaging to patients is tailored to include all available booking options and if possible direct links to online booking. Communication with staff members to push the messaging about smear test availability and options is key. If patients don’t know that the appointments exist they won’t be booking in to them.  |