|  |
| --- |
| **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 that you chose to implement in your PCN and add the data submission **PCN area:** Kentish Town**PCN lead:** Jonathan Levy**Date pilot started:** September 2020**Brief summary of pilot and population/demographics:** To increase the uptake of cervical screening at the James Wigg and Queen Crescent Practice  |
| **Intervention** | **Data** | **Data Submission** | **Comments** |
| **Baseline statistics – all to complete** | Number of women screened | 190 | From June 2020 to May 2021 |
| Women aged 24 – 49 number and % with a screening result in the past 3.5 years (2019 baseline vs pilot) |  See Attachment 2 | See comparative QOF data August 2019 to March 2020 |
| Women aged 50 – 64 number and % with a screening result in the past 5.5 years (2019 baseline vs pilot) | See Attachment 2 | See comparative QOF data August 2019 to March 2020 |
| **Extended Access (EA)** | Number of EA screening appointments available  | Unable to obtain data regarding the extended access service, as this is held at a different practice. | We have contacted Shona Okeke and have asked for support in obtaining this data – we are waiting for reply. We will also contact Amanda Rimington, for additional support with this data. |
| Number of these appointments booked and attended  |  As above |  As above |
| Any attitudinal/qualitative data available regarding extended access appointments (eg patient questionnaire) |  N/A |  Data not available |
| **Online booking**  | Numbers of women screened per month (comparator: same month in 2019 and 3 months prior to intervention start date)  |  The online booking service has been offered to patients from June 2021, therefore we do not have comparative data. |   |
| Number and proportion of screening appointments available to book online per month |  As above |   |
| Number and proportion of these appointments booked and attended |  As above |   |
| Any attitudinal/qualitative data available regarding online appointments (eg patient questionnaire)  |  N/A |  Data not available |
| **Non-attenders** | Number and % of women who did not attend their cervical screening appointment by practice (DNA booked appointment and/or declined appointment) |  See Attachment 6 |   |
| Number and % of women contacted about their non-attendance by practice |  N/A |  Data not available |
| Summary (number and %) of reasons for non-attendance (suggest you code the data) – may be helpful to present the data using bar charts etc  |   N/A |
| **Learning disability**  | Number of women identified with LD registered with PCN practices aged 25-64 |  9 |   |
| Number of screening appointments booked and attended |  N/A |  Unable to obtain data |
| Any attitudinal/qualitative data available regarding LD appointments (eg case studies) |  N/A |   |
| **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 |  See Attachment 4 |   |
| **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 |  See Attachment 4 |   |
| **Mobile Phone number verification**  | Number and proportion of women 24-64 on GP registers with mobile phone number recorded | 1860 number of women registered1705 with a mobile number91.6% |   |
| Number and proportion of mobile phone numbers verified | See Attachment 4 |   |
| **Project logistics****How was the project resourced? (new systems, staff, administrative support)**The project was resourced with the application of texts sent to patients through Accurx with government cervical screening guidelines; with the nursing and reception team booking appointments by contacting patients via telephone; access to Saturday appointments for patients that are unable to attend ‘normal working’ hours; and by offering eligible patients (housebound and non-attenders) an HPV self-sampling kit, called YouScreen.**What worked well?** The use of Accurx, as this facilitated the contact with patients; the availability of additional appointments; allocated time for the staff to focus on cervical screening calls.**What part of the implementation was a challenge?**The challenges found during the pilot implementation were: patients not coming into the practice due to the COVID lockdown, infection control or fear of getting COVID; many patients moved out of area due to the Lockdown and therefore were unable to travel to the practice; Patient contact numbers not updated and consequently unable to be contacted; The closures of the Laboratories between March and June of 2020; Loss of nursing capacity as well as shortage of time to train new nurses lead to a reduction of available cervical screening clinics. |
| **Patient experience and impact****What have you learned about the outcomes of your selected population?**We have found that there is a higher uptake of screening in older patients and that there is a reduced uptake of patients in the BAME group (a group that has generally been more reluctant to attend and/or book their cervical screening appointments).**How will this way of working improve patient experience long term?**The extended hours access provided flexibility with appointments, so patients were happy with out of hours appointment availability.  |
| **Wider learning**What piece of advice would you give to another practice who wants to implement your chosen intervention?We would advise other practices to monitor comparable date periodically; to offer an extended hours service considering these unprecedented times; and to provide online patient surveys to gauge patient satisfaction. |