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| **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: Streatham PCN**  **PCN lead: Dr Emma Rowley-Conwy (Clinical Director), Lucie Lehane (project lead)**  **Date pilot started: Initially March 2020, paused due to covid, re-started 1st September 2020**  **Brief summary of pilot and population/demographics:**  The purpose of the project and overall desired end result is to increase the uptake in cervical screening by developing a robust sustainable, standardized and consistent system, for recalling women for smear tests, across all our practices. | | | |
| **Intervention** | **Data** | **Data Submission** | **Comments** |
| **Baseline statistics – all to complete** | Number of women screened | 10,524 | Data from PHE.Org.uk Cancer services |
| Women aged 24 – 49 number and % with a screening result in the past 3.5 years (2019 baseline vs pilot) | 2019 baseline was for 24-64 and retired, so total % was 67.60%   * Aggregated % in PCN for 24-49 : 65% | Data from PHE.Org.uk Cancer services |
| Women aged 50 – 64 number and % with a screening result in the past 5.5 years (2019 baseline vs pilot) | 2019 baseline was for 24-64 and retired, so total % was 67.60%   * Aggregated % in PCN for 50-64 : 74.2% | Data from PHE.Org.uk Cancer services |
| **Extended Access (EA)** | Number of EA screening appointments available | n/a | This was ceased due to covid restrictions and practices no longer providing face to face appointment in extended hours. |
| Number of these appointments booked and attended | n/a |  |
| Any attitudinal/qualitative data available regarding extended access appointments (eg patient questionnaire) | n/a |  |
| **Online booking** | Numbers of women screened per month (comparator: same month in 2019 and 3 months prior to intervention start date) | Baseline Data: 12 months February 2019-March 2020  **Total smears taken: 2,146**  **Average per month: 178**  Achievement July 2020- March 2021 (no smears offered in April – June 2020 due to covid pandemic)  **Total smears taken: 2,662**  **Average per month: 295** |  |
| Number and proportion of screening appointments available to book online per month | August 2019 – 0  August 2020 – 6  Number of practices offering online booking in 2019/20: 1 out 7  Number of practice offering online booking in 2020/21: 6 out 7 |  |
| Number and proportion of these appointments booked and attended | 204 appointments booked online and attended in 2020/21 (from July 2020 due to covid pandemic) |  |
| Any attitudinal/qualitative data available regarding online appointments (eg patient questionnaire) | Meeting on 2/09/2020 with nurses from all seven PCN practices. Data and achievements presented. Practice which used online booking for smears explained the process and encouraged other practices to implement. | No qualitative data gathered due to covid vaccination programme.  Recommendation: to undertake patient survey following the appointment on the preferred method of booking . |
| **Non-attenders** | Number and % of women who did not attend their cervical screening appointment by practice (DNA booked appointment and/or declined appointment) | 357 |  |
| Number and % of women contacted about their non-attendance by practice | No coded information available. Each practice follows own procedure on no attendance.  However, as diary date remains unchanged and overdue patients who DNA are recalled again. |  |
| Summary (number and %) of reasons for non-attendance (suggest you code the data) – may be helpful to present the data using bar charts etc | No data collected | |
| **Learning disability** | Number of women identified with LD registered with PCN practices aged 25-64 | 11 |  |
| Number of screening appointments booked and attended | 3 |  |
| Any attitudinal/qualitative data available regarding LD appointments (eg case studies) | N/a | 6 patients are registered at one practice, but this practice had only locum nurses in the last year. Recommendation: to work with a newly appointed nurse to support her in booking patients with LD for smears |
| **Text reminders** | **Due a screen:** Denominator: number of women due for a cervical screen (monthly) Number and proportion who were texted a reminder to book Number and proportion of those texted/not texted who booked | **Increased text reminders to book from baseline in 2019/20 = 958 texts sent**  **2020/21 – 5,533 texts sent**  **500% increase** | See recall protocol for details instructions (below)  See cervical screening practice processes document (below) |
| **Reminder of appointment**: Denominator: number of women with an appointment (monthly) Number and proportion who were texted an appointment reminder Number and proportion of those texted/not texted who attended | As above.  Reminders are being send when overdue:   * As showed on Open Exeter * As search on diary date overdue * As QOF indicator within Public Health domain | See recall protocol for details instructions (below)  See cervical screening practice processes document (below) |
| **Mobile Phone number verification** | Number and proportion of women 24-64 on GP registers with mobile phone number recorded | 98% of women have their mobile number recorded |  |
| Number and proportion of mobile phone numbers verified | This was deemed not possible to assess |  |
| **Project logistics**  **How was the project resourced? (new systems, staff, administrative support)**  **Project management support - 120 hours for** project planning, nurse meetings prepared and chaired, meetings with NHSE team, revision of PID, 1:1 support with each practice nurse (x 7), preparation of dashboards and reports, drafting protocols, project summary report  **Administrative support** – over 250 hours of admin support for diary entries validation, over 40 hours of admin support running monthly searches in seven separate EMIS systems  **What worked well?**   * Re-starting offering smear tests from July 2020 after the pandemic when one practice has lost their nurse to covid. Overcoming anxiety of seeing patients face to face again whilst maintaining highest standards of infection control and longer appointments needed but with no additional nursing capacity available across the PCN. * Increased the amount of smear appointments booked regardless of the pandemic challenges. * Meeting with nurses from all seven practices with specific aim of increasing smear uptake. Nurse engagement can be a challenge so managing to meet face to face in the middle of the pandemic was a success. We have now appointed lead PCN nurse who is building on nurse engagement and organises MS teams informal meetings. * Providing regular updates on the uptake of each practice in a form of dashboard sent to all PCN practice. * Online bookings – 6 out of 7 practices now offer online bookings for smear tests with no complaints or reports of wrong appointments being booked by wrong patients.   **What part of the implementation was a challenge?**   * Covid pandemic has disrupted each practice: a nurse who died, amount of appointments available, nurses who were shielding and vulnerable and could only work from home * Along with most of the nursing appointments in general practices, cervical screening is not possible to be performed from home. Patients need to attend in person, changes due to the lockdowns and ensuring safe distancing meant there were even less appointments available * Covid vaccine programme has taken a lot of time and nursing resource * IT systems and interoperability, reporting challenges * Public Health data available is not presented in consistent way to be able to compare previous achievement vs recent achievements * No joint IT system for seven practices, all reporting needed to be done manually and times seven – taking much more time or being prohibitive of taking actions | | | |
| **Patient experience and impact**  **What have you learned about the outcomes of your selected population?**  Qualitative data has not been collected to be analysed.  **How will this way of working improve patient experience long term?**  Practices will be encouraged to undertake patient satisfaction survey asking about preferred method of booking appointments and an overall experience of booking cervical screening appointments. Results can be then reviewed at the PCN level at the meeting organised by newly appointed PCN Lead nurse. | | | |
| **Wider learning**  **What piece of advice would you give to another practice who wants to implement your chosen intervention?**   * Release appointments to be bookable online, clearly stating SMEARS only (EMIS Web practices). Slots made available in the early mornings or late afternoons are always best utilised * Appoint Admin Support person to work alongside a nurse to ensure recall system is robust * Run regular searches and review uptake on smears, sharing results with a wider team * See cervical Screening protocol and cervical screening practice processes tutorials and FAQs | | | |
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Due to Covid pandemic, which erupted in March 2020, the delivery of originally agreed PID become very difficult to deliver and in parts impossible.

Revised version of PID was issued to adjust objectives of the project and are listed below:

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| **Intervention** | **Data** | **Data Submission** | **Comments** |
| Improve the quality of diary entries coding and ensure ongoing maintenance | The % of women in the target cohort who have a correct diary entry – Cervical smear due and correct date validated against Open Exeter | Manual data verification on EMIS to update or enter correct diary date. 13,400 entries added  Achievements: 95% of women in the target cohort who have a correct diary entry | See issued protocol for detailed instructions    *Recommendation*: regular audits to ensure the diary date is correct |
| Improve availability of appointments | Number of smear test appointments booked per month | As above, increase of 117 appointments per month | *Recommendation:* To continue monitoring and reporting on appointments offered by each practice by sending monthly dashboards |
| Improve accessibility to appointments for female patients to have a smear taken by making appointments available for online booking | Increase in numbers of smear test appointments booked online | As above  204 appointments were booked online in 2020/21 | *Recommendation:*  To continue supporting practices in offering appointments online. One practice does not offer online bookings yet. |
| Improve accessibility to appointments by ensuring appointments are available at convenient times for the target population | Look at the DNA rates for smear appointments | Manual appointment book audit required | To consider whether practices have resources available to monitor and record, as this is high effort with relatively low impact activity.  *Alternative recommendation:*  Undertake patient survey asking what are preferred times to attend |
| Improve accessibility for appointments by offering Saturday smear clinics, measured by | Number of Saturday appointments available | Due to covid vaccination programme demands, it was not possible to offer Saturday clinics. | To consider offer Saturday walk-in clinics at practice level only again.  *Challenges:* PCN does not have shared computer system, so patients cannot be seen outside their own practice.  Workforce challenges as some practices rely only on locum nurses.  Financial constraints to deliver at PCN level, nursing staff is not shared and nursing capacity is limited. |
| Text messages reminders | Number of text messages invites | As above | Practices use two different SMS text providers:   * Mjog – for sending messages invites in bulk * Accurex – for personalised, specific messages   See issued protocol for detailed instructions |