|  |  |  |  |
| --- | --- | --- | --- |
| **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: Springfield Park**  **PCN lead: Dr Tehseen Khan**  **Date pilot started: Jan 2020 – paused due to Covid for 3 months**  **Brief summary of pilot and population/demographics: Provided extended access appointments at all three surgeries in the PCN. Follow up of why women don’t have their smear test.** | | | |
| **Intervention** | **Data** | **Data Submission** | **Comments** |
| **Baseline statistics – all to complete** | Number of women screened | 891 |  |
| Women aged 24 – 49 number and % with a screening result in the past 3.5 years (2019 baseline vs pilot) | 2019: 494 patients have had their smear  45% 2019  Pilot 641 have been screened- 55% |  |
| Women aged 50 – 64 number and % with a screening result in the past 5.5 years (2019 baseline vs pilot) | 2019: 147 have had their smear  31%  Pilot: Increase to 250 – 45% |  |
| **Extended Access (EA)** | Number of EA screening appointments available | 980 | 6 appointments every Monday 18:30-20:00 and all day Sundays at the larger practices 10:00 – 16:00 |
| Number of these appointments booked and attended | 686 |  |
| Any attitudinal/qualitative data available regarding extended access appointments (eg patient questionnaire) | Patient feedback-verbal when booking appointments : Mothers prefers school hours for smear appointment as it’s inconvenient for them to attend in the evening once the children are home | * Too late in the evening difficult to attend with childcare issues * Although evening appointments are offered first during the recalls, the nurse apts have longer waits. This causes inconvenience and higher chance for pts to DNA. |
| **Online booking** | Numbers of women screened per month (comparator: same month in 2019 and 3 months prior to intervention start date) |  |  |
| Number and proportion of screening appointments available to book online per month |  |  |
| Number and proportion of these appointments booked and attended |  |  |
| Any attitudinal/qualitative data available regarding online appointments (eg patient questionnaire) |  |  |
| **Non-attenders** | Number and % of women who did not attend their cervical screening appointment by practice (DNA booked appointment and/or declined appointment) | 30% DNA rate - 267 |  |
| Number and % of women contacted about their non-attendance by practice | 100 |  |
| Summary (number and %) of reasons for non-attendance (suggest you code the data) – may be helpful to present the data using bar charts etc | All women aged 25-64 are married with Children. It is very difficult in the evening to arrange childcare. The Orthodox Jewish women have on average 7 children, so childcare is a huge issue  Patients cannot bring their children to the surgery as there will be a few and cannot leave them in the waiting room area unsupervised.  These extended hours clinics are Ideal for working women. Unfortunately, this was not appropriate for our patient demographic. | |
| **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 book Number 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 reminder Number 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)**  New recall support across practices, staff doing overtime.  Sessional nurse cover  **What worked well?**  Managing to provide diverse access for women- that suited some of our demographic  Increased resource helped to manage competing priorities, esp. during the pandemic  **What part of the implementation was a challenge?**  Doing the recall was very time consuming at Orthodox Jewish patients have Kosher phones which do not have internet or text messages enabled.  The barriers posed by covid was a real issue! | | | |
| **Patient experience and impact**  **What have you learned about the outcomes of your selected population?**  Providing diverse appointments works for our population but only for some women  We need to do more around childcare as this is the biggest barrier.  We need to do some targeted comms with our Jewish community  **How will this way of working improve patient experience long term?**  Increased awareness and education about cacner screening and health promotion more widely | | | |
| **Wider learning**  **What piece of advice would you give to another practice who wants to implement your chosen intervention?**  Three key priorities   1. Good recall 2. Community engagement and marketing is important 3. Staff training in dealing with hesitancy is really important | | | |