

## 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: North Camden PCN**

**PCN lead: Dr Elizabeth Bradley, Hampstead Group Practice**

**Date pilot started: January 2020**

**Brief summary of pilot and population/demographics:**

**The bid:**

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

Overall the 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 ( NHS digital 2016/17). In addition, local GP extract data has suggested that only 15% of eligible women with LD in Camden have been screened for Breast Cancer as opposed to 23% in the general population, although this may be under-representative.

We would like to create a new protocol and information leaflets for our PCN, that could be rolled out across our CCG. We would aim to try to understand **the barriers for uptake in women with learning difficulties, misconceptions about whether the screening test is needed and how the test is performed and engage with Camden Council and the learning disabilities team and clients with learning difficulties.** The clinical lead for learning disabilities is in **our** PCN and we plan to use her knowledge and expertise. One of the GP trainees in our PCN did a QUIP project looking at new patient information for patients with learning difficulties and we could follow some of the routes he took to complete his project and develop a new tailored pack, specially designed to be accessible.

Intervention	Data	Data Submission	Comments
<b>Baseline statistics – all to complete</b>	Number of women screened		
	Women aged 24 – 49 number and % with a screening result in the past 3.5 years (2019 baseline vs pilot)		
	Women aged 50 – 64 number and % with a screening result in the past 5.5 years (2019 baseline vs pilot)		
	Number of EA screening appointments available		

<b>Extended Access (EA)</b>	Number of these appointments booked and attended		
	Any attitudinal/qualitative data available regarding extended access appointments (eg patient questionnaire)		
<b>Online booking</b>	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)		
<b>Non-attenders</b>	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		

<b>Learning disability</b>	Number of women identified with LD registered with PCN practices aged 25-64	58 women on LD register 22 Eligible for cervical screening 25-49 yrs- smear 10/ no smear 7 (cf 2020- smear 7/ no smear 11) 50-64yrs- smear 4/ no smear 1 (cf 2020- smear 4/ no smear 0)	
	Number of screening appointments booked and attended		
	Any attitudinal/qualitative data available regarding LD appointments (eg case studies)	<p>Deep dive into HGP register for the aged 25-40yrs screening : 11 patients</p> <ol style="list-style-type: none"> <li>1- 26yrs- Never had smear- Not sexually active and thought to lack capacity for consent (not indicated)</li> <li>2- 32yrs- HPV neg Dec 2020</li> <li>3- 30 yrs- Never had a smear- discussion with LD lead who knows pt to contact and discuss and consider YouScreen as eligible</li> <li>4- 30 yrs- HPV neg March 2021 – YouScreen</li> <li>5- 32yrs – HPV neg May 2017- LD lead to offer YouScreen at next appt</li> <li>6- 37yrs- smear neg Dec 2018</li> <li>7- 38yrs- HPV neg sept 2019</li> </ol>	Looking at the list at HGP, it appears that the YouScreen has been successful in the LD group. 2 of the women that used YouScreen had never had a smear before. Our nurses discussed and explained how to take the sample and were happy that this was an acceptable method to offer.

		8- 31yrs- Never had a smear- documented never sexually active- discussed at 1d annual check with 1d lead 24/3/21- exclusion code added 9- 40yrs- Never had a smear- documented never sexually active- discussed at 1d annual check with 1d lead 10/9/20- exclusion code added 10- 34yrs- HPV neg March 2021- YouScreen 11- 41yrs- HPV neg Sept 2020	
<b>Text reminders</b>	<b>Due a screen:</b> 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		
	<b>Reminder of appointment:</b> 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		
<b>Mobile Phone number verification</b>	Number and proportion of women 24-64 on GP registers with mobile phone number recorded		
	Number and proportion of mobile phone numbers verified		
<p><b><u>Project logistics</u></b></p> <p><b>How was the project resourced? (new systems, staff, administrative support)</b></p> <p>We had a cervical screening champion who led the project who coordinated with the PCN clinical lead, who had access to EMIS over all the sites and was able to run searches on all the practices within our PCN. Our nurses were fully on board and led in taking cervical smears and we had a team of trained</p>			

administrators to help with booking appointments and recording. We were helped by the IT leads from our PCN, federation and the CCG, using and adapting their searches.

### **What worked well?**

#### **LD SEARCHES**

We thought carefully about our LD lists. One major complication is the switch from read codes to SNOMED codes and the impact this has had on our coding and searches. With each release of the QOF business rules, NHS Digital specifies the codes that need to be present in a patient's record in order to include them on the relevant QOF register. The diagnostic codes for Learning Disability changed significantly from 2018 as SNOMED codes replaced EMIS codes and we have had updates to the EMIS searches. We are currently on version 46.

 GP Contract - QOF

▲  GP Contract Apr 2022 - V46 Release 1.0 [SNOMED CT]

▲  Clinical Indicators

- ▶  Asthma
- ▶  Atrial Fibrillation
- ▶  Cancer
- ▶  CHD
- ▶  Chronic Kidney Disease
- ▶  COPD
- ▶  Dementia
- ▶  Depression
- ▶  Diabetes
- ▶  Epilepsy
- ▶  Heart Failure
- ▶  Hypertension
- ▶  Learning Disabilities

The current EMIS searches has a vast list of conditions that come into the learning disability register- below is an example.

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

We looked through all the available searches, from EMIS, Camden CCG and more recently Primary Care IT (an organisation that offers web tools and software solutions for primary care).

We thought the best starting point was to carefully look at our LD register and check we were accurately coding and had the correct patients on the list. This is a time-consuming process, as it involves scrutinising notes and in many cases making a decision about whether a previously coded problem means that they should be on the LD register. The coding is often inaccurate, and it is necessary to look through long and complex clinical letters. It is complex, because, for example autism is not a learning disability, but people with autism may have a learning disability. Primary care IT had developed several searches, some of which have been archived and a new set have been released. Essentially trying to clean the lists. Below is a screen shot of the searches available. A clinician looked through all these patients and where appropriate added to the register.

-  LD01 - Very likely to have LD but not on register
-  LD02 - May have LD but not on register
-  LD03- Has autism but no LD coded
-  LD04- Monitoring or cause, or non QOF code but not on LD register
-  LD05 - Outdated codes

 PI-LD01) Down's syndrome but not on LD register	0	0%	05-Oct-2021	Patient	SNOMED CT
 PI-LD01) Down's syndrome but not on LD register	0		05-Oct-2021	Patient	SNOMED CT
 PI-LD02) Monitoring or cause code but not on LD register	4	1%	05-Oct-2021	Patient	SNOMED CT
 PI-LD02) Monitoring or cause code but not on LD register	4		05-Oct-2021	Patient	SNOMED CT
 PI-LD03) Codes that may indicate a learning disability	29	1%	05-Oct-2021	Patient	SNOMED CT
 PI-LD03) Codes that may indicate a learning disability	29		05-Oct-2021	Patient	SNOMED CT
 PI-LD04) Extended codes that may indicate a learning disability	345	2%	05-Oct-2021	Patient	SNOMED CT
 PI-LD04) Extended codes that may indicate a learning disability	345		05-Oct-2021	Patient	SNOMED CT
 PI-LD05) Outdated codes	90	1%	05-Oct-2021	Patient	SNOMED CT
 PI-LD05) Outdated codes	90		05-Oct-2021	Patient	SNOMED CT
 PI-LD06) Has autism but no LD coded	33	1%	05-Oct-2021	Patient	SNOMED CT

Having done through the process with out learning disability lead at Hampstead Group practice, we feel confident that we have an accurate register.

It is important to capture any new patients that register and code them, either from the new patient information or when coding their notes when they arrive at the practice.

Having created a robust register, we then needed to create a search of all the patients who were eligible to have a cervical screen. This has again been a challenge, with the change to SNOMED codes and a new EMIS cervical screen template.

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

The reports can be run on a regular basis. Here is an example of the report:

[CS005] - Aged 25-49 eligible for cervical screening and on LD register

Last Run		Relative Date	05-Oct-21					
Organisation	CDB	Population Count	Parent	%	Males	Females	Excluded	
HAMPSTEAD GROUP PRACTICE	F83017	11	6187	1%	0	11	6176	
Park End Surgery	F83003	1	2318	1%	0	1	2317	
BROOKFIELD PARK SURGERY	F83052	1	1156	1%	0	1	1155	
Adelaide Medical Centre	F83020	1	3884	1%	0	1	3883	
KEATS GROUP PRACTICE	F83623	3	3949	1%	0	3	3946	
Total		17	17494	1%	0	17	17477	

#### DELIVERING CERVICAL SCREENING IN COVID AND CHANGES OVER THE PAST 2 YEARS

- The Practices have actively engaged with patients on the learning disability register to increase uptake once they had received Covid vaccination.
- We have developed an easy **read cervical screening invitation letter on EMIS, adapting the PHE template** [Cervical screening: an easy guide - GOV.UK \(www.gov.uk\)](#) and signpost to the Jo's trust website and the video [The Smear Test Film | Jo's Cervical Cancer Trust \(jostrust.org.uk\)](#)
- Despite COVID, our practices continued to offer cervical screening appointments and adapted to offer a safe service, following the latest infection control guidance, to ensure the patients had full confidence to book an appointment.
- We reviewed the availability for cervical screening and increased our sessions, offering dedicated smear sessions at a variety of times.
- We offer a longer appointment for women with LD, with adequate time to explain what is going to happen, especially first screen.
- If a cervical screening appointment is not attended, the patients are called and offered another appointment.
- We used an admin team member over summer 2020 to call our patients that were overdue cervical screening and directly book an appointment.
- We use exclusion codes only if there is a clear history that never sexually active.
- We signed up for text reminders for cervical screening.
- When a new patient registers, we have a special easy read version and ensure that the correct LD code is added, Information is checked when the records come in from the previous GP and are summarised. Our registration officer routinely checks the patient's smear status on

Open Exeter and codes in the result. If no result is available or the patient has not provided any information on their registration form, a smear invitation is sent, in easy read format if appropriate.

- This year we established an online induction programme in Camden (available for NCL) which included a session on screening for doctors, physicians associates and nurses, including training on LD and recognising that smears are due and understanding how to encourage and book for smears.
- Hampstead Group practice joined the YouScreen pilot in February 2021, offering HPV self-sampling kits to over 300 patients who had been previous non-responders to the standard smear calls and letters and were identified opportunistically by the doctors and nurses using a pop up on EMIS. We recognised that this might be more attractive to many patients, although we recognised the limitations for the LD group <https://sti.bmj.com/content/sextrans/early/2021/04/26/sextrans-2020-054869.full.pdf>
- We have monthly PCN quality meetings where information is shared and encourage practice champions.

### **What part of the implementation was a challenge?**

At the start of the PCN pilot, we were very excited about developing new systems to increase uptake in both cervical and breast screening. We were selected for the pilot in the Autumn of 2019 and the project started in January 2020. With the onset of COVID, there was much uncertainty about the project and it was suspended for a while. Our breast screening component was shelved, and we focused on the cervical screening component. The challenge has been lack of time- all of our resources and time and energy have gone into delivering the COVID vaccination programme and resuming our general practice services, which has been very busy with the inevitable backlog causes as a result of the lockdown.

Covid presented several challenges for our LD population, many of whom were in the shielding groups. We wanted to give them the reassurance that our services were safe. However, we were reluctant to call in patients before they had been vaccinated. We therefore focused on our LD lists and checking that they were clean.

### **Patient experience and impact**

#### **What have you learned about the outcomes of your selected population?**

By searching for patients eligible, tailoring the invitation and appointment and having time for explanation, we can increase the coverage of cervical screening in the LD group.

This is the area that I feel that COVID has had the greatest impact. When I was creating an easy read leaflet for our new patients, I actively involved the Camden learning disabilities service at Camden Council, and they helped by engaging a service user who advised. [Videos - CLDS Information Library](#) I had hoped that we would be able to engage a service user to discuss the cervical screening offer in general practice and how we can improve this for them. Unfortunately, this has not been possible in COVID.

#### **How will this way of working improve patient experience long term?**

Now that we have a system in place, with reliable searches using SNOMED codes and a good cervical screening protocol with a section for patients with LD, long term we will be able to improve the patient experience by:

- tailoring the invitation letter
- signposting to good resources to increase knowledge and confidence

- adapting the appointment time to allow time for explanation and to disperse any anxiety
- consider if YouScreen would be suitable, which may be more acceptable, if the pilot is rolled out
- By having a positive experience, it is more likely that they will attend for cervical screening in the future.

Working across the PCN, we can share ideas and information and in the future, we may have nursing hubs where cervical screening can be offered.

Once the YouScreen pilot has been evaluated, I hope this will be rolled out, as looking at our patients, it appears that this is a suitable method to use and was more readily accepted.

### **Wider learning**

#### **What piece of advice would you give to another practice who wants to implement your chosen intervention?**

The starting point is to have an accurate LD list that is reviewed by a clinician to ensure that the coding and entry on the register is correct. It is important that all new registrations are coded and that the new notes are summarised using the correct codes.

Now that we have established searches for the LD groups requiring cervical screening, the system of running the searches and calling patient in for cervical screening should be much easier.

Within the PCN, the next steps are for all practices to scrutinise their lists and check they are clean and ensure all patients on the LD register and eligible for screening are called in and an appointment booked.

We hope to share the learning and understand any variation within the practices in the PCN.

We wait to hear if YouScreen is rolled out as we feel it would be more acceptable for selected groups of women, provided they have the capacity to consent and understand the instructions- which would take time and need to be carefully worded using clear language or easy read leaflets.