

GP-endorsed Cervical screening text reminders-progress

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August 2019

NHS England and NHS Improvement



Acknowledgements

- Cherie McCourt, Marc Mason, Craig Brotherton-Primary Care Support England/Capita
- Chi Chi Le, Anthony Fetfatsidis iPLATO
- Nicola Ellis- PH Specialty Registrar
- London Steering Group (Chairs-Mel Ridge/Nicola Weaver)

Text reminders

- Objectives: To improve uptake and coverage and reduce inequalities in participation in cervical screening in London

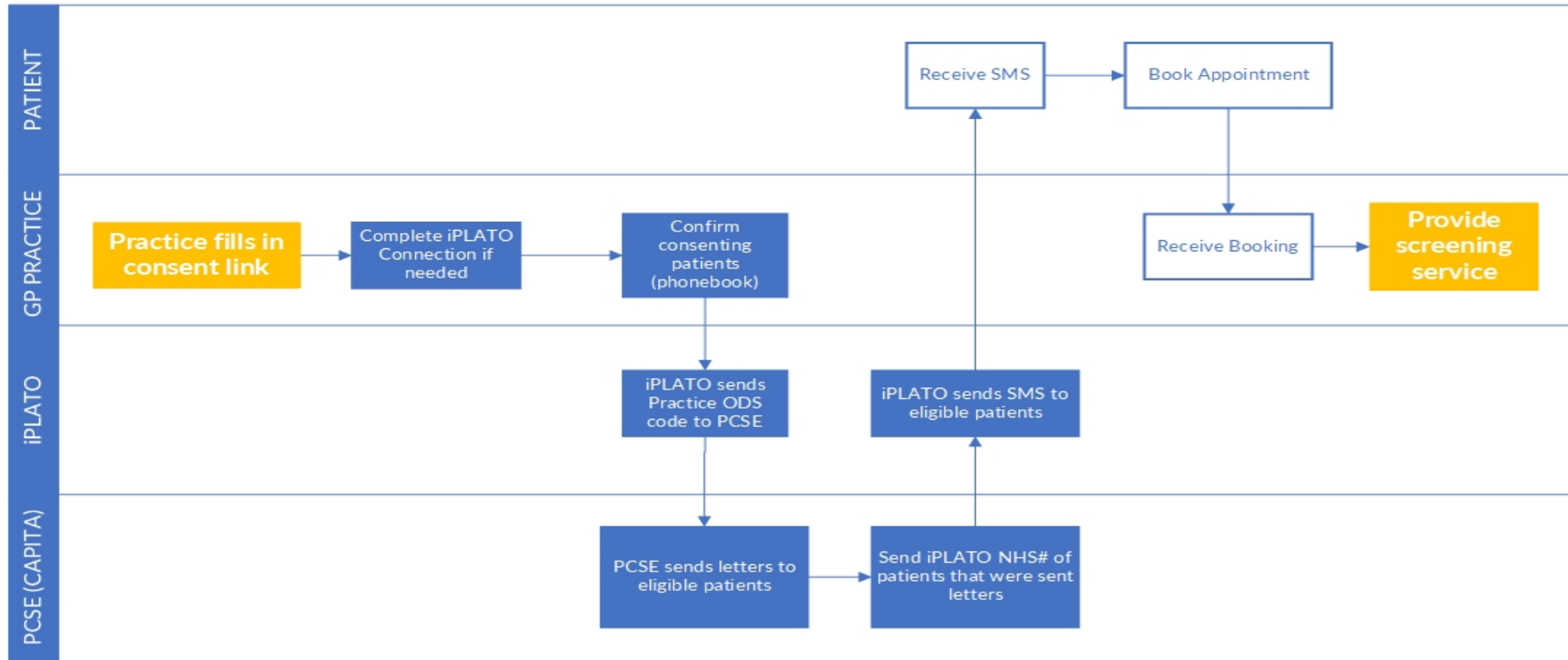
Summary of roles

- iPLATO- invite all practices to participate, collate signed DSA's, send the text reminder 2.5 weeks after invitation, monitor and report on text message status
- PCSE (now CSAS)- identify women eligible for screening, send weekly list of women invited for screening to iPLATO, evaluate project
- Practices- consent to participate, sign DSA, enable iPLATO electronic access to GP clinical systems

Key timelines

- Weeks 1-8 pilot
- Weeks 9-29 roll-out and implementation
- Evaluation weeks 1-16

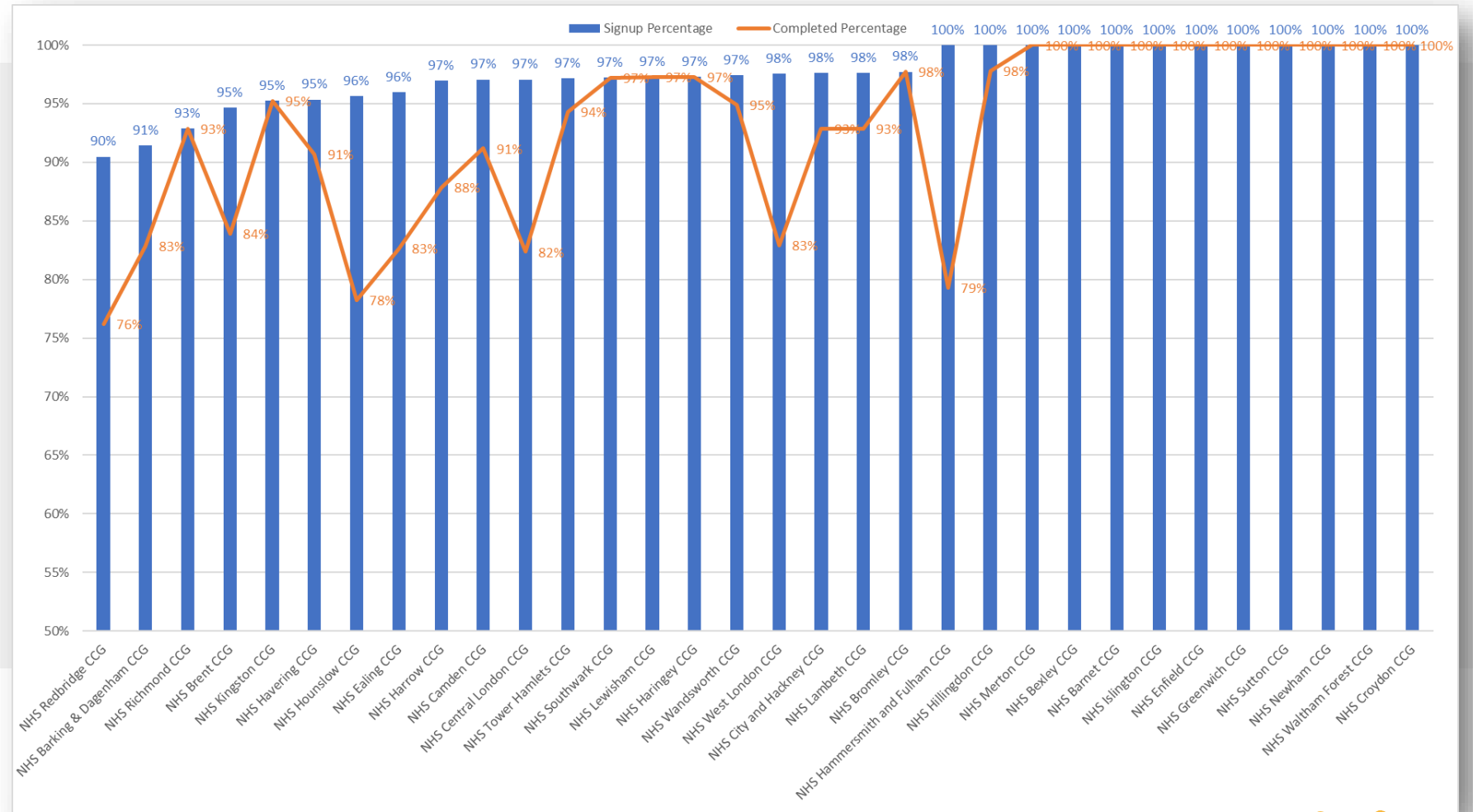
Cervical Screening Flow



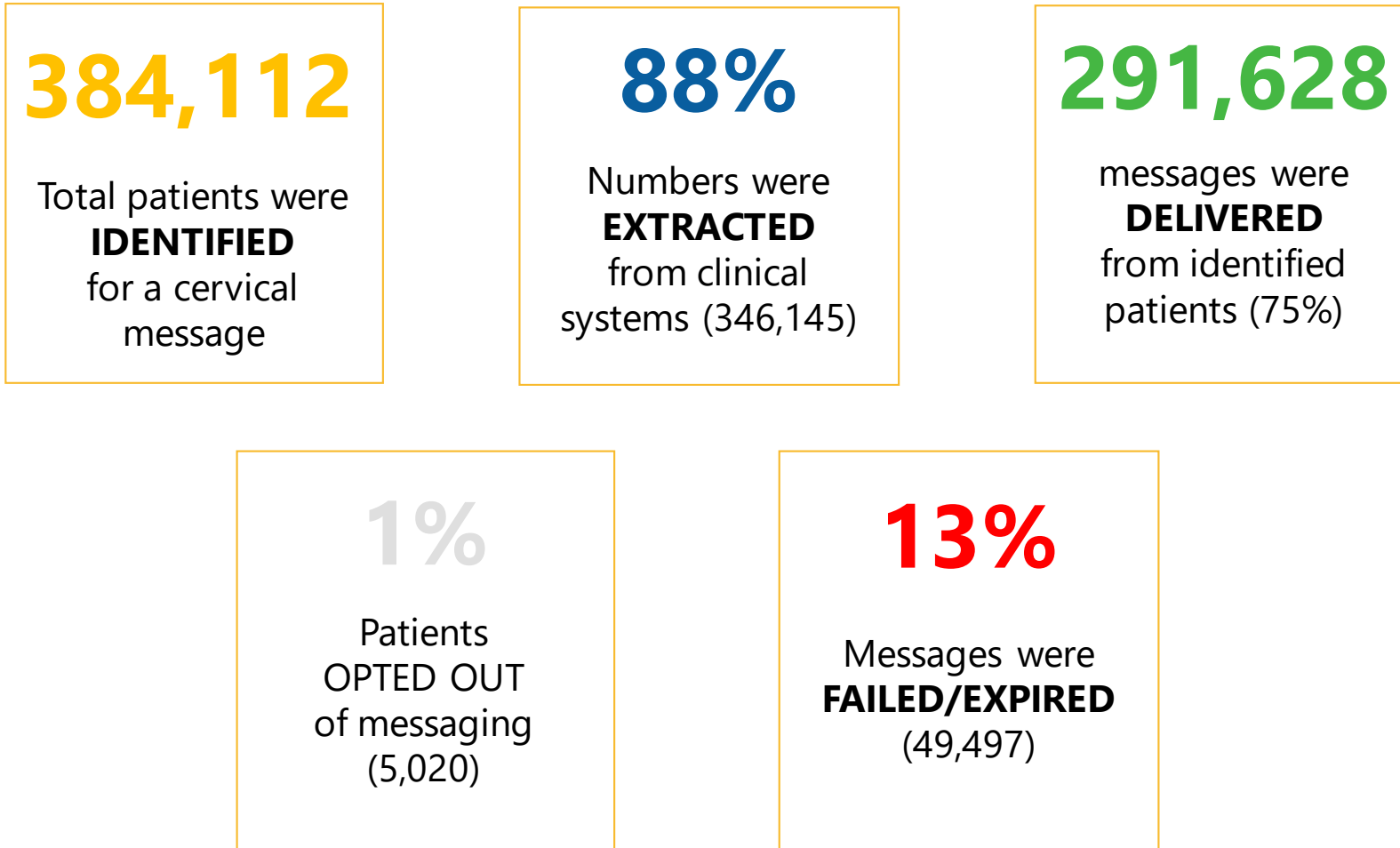
Key Figures – Practice Onboarding

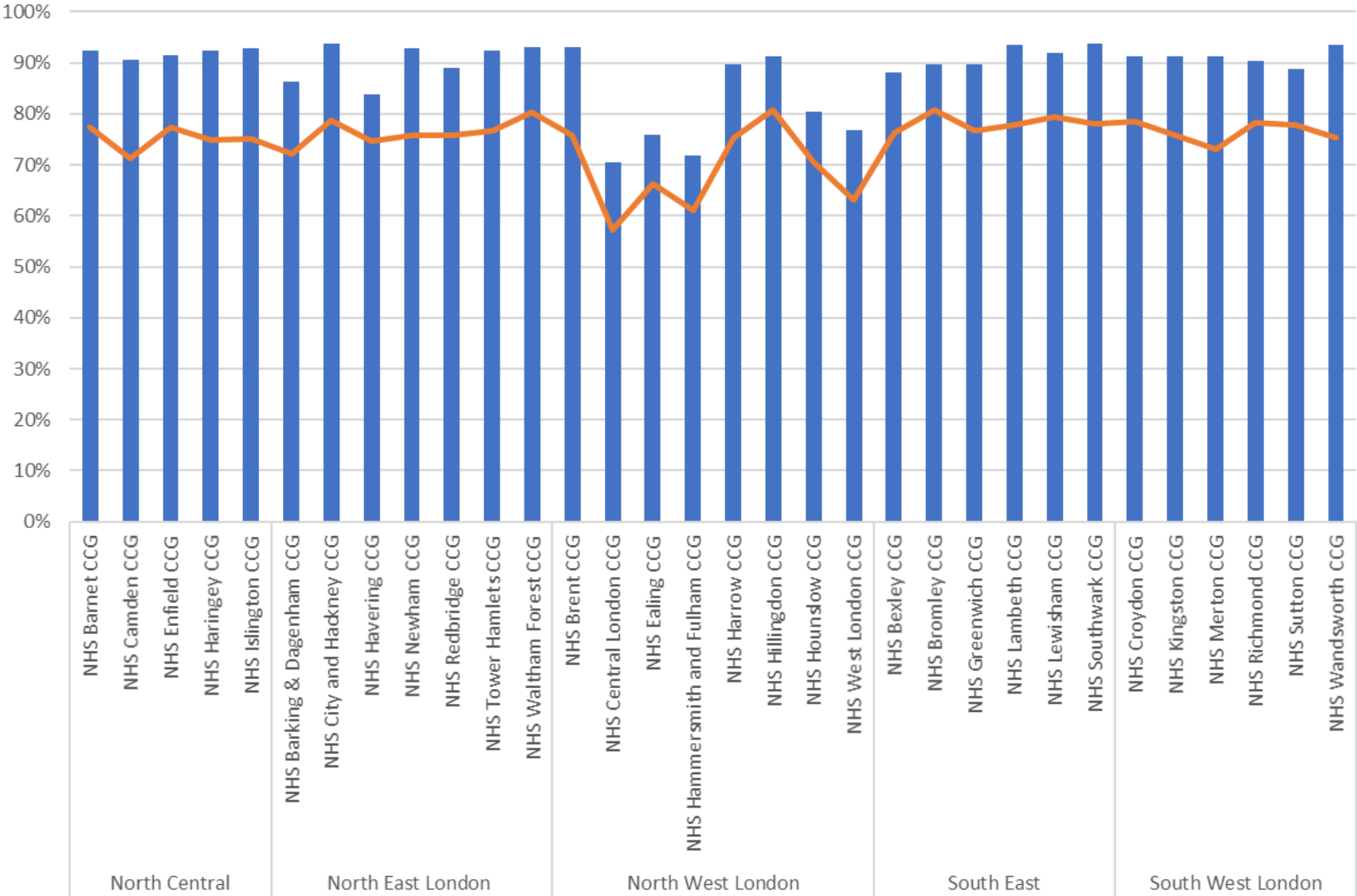


- 1251 Practices in London
- All 32 CCGs have over 90% sign up
- 12 CCGs on 100% sign up
- 1221 of 1251 practices signed up



Figures: 1st September 2018 – 14th March 2019



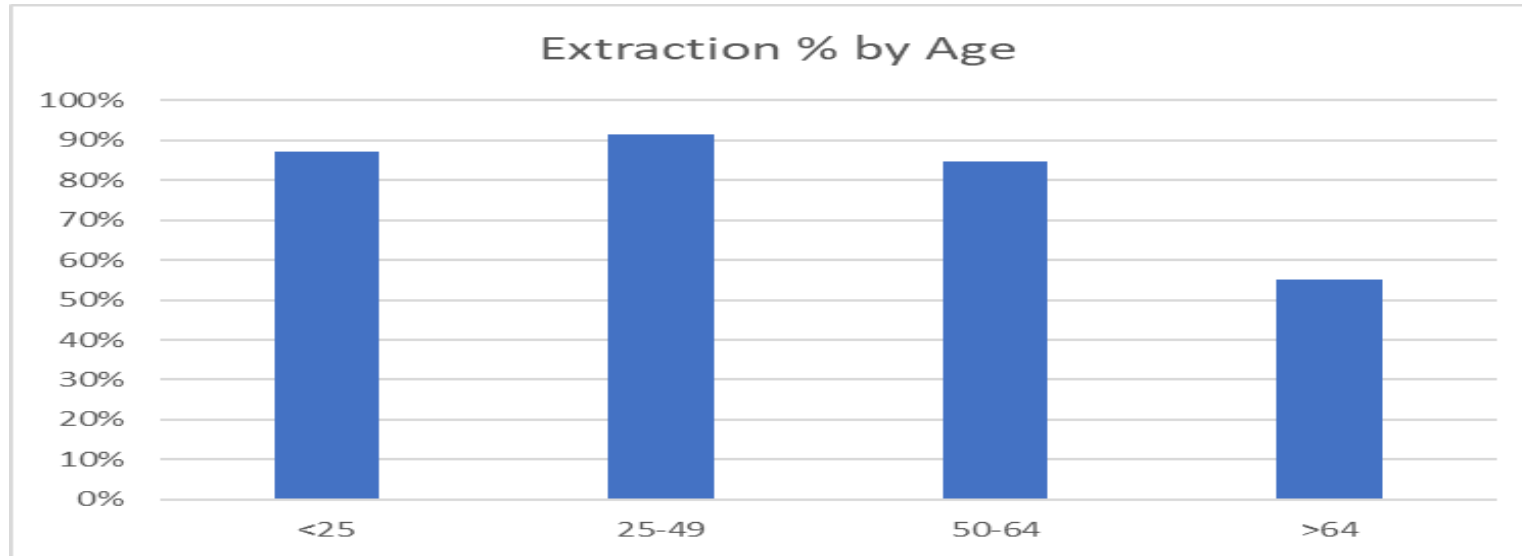


North Central highest average mobile phone number extraction rates
 Average extraction rate 89%

Values

- Average of Mobile numbers extracted from clinical system
- % of SMS Delivered from PCSE list

Mobile # Extraction by Age



Age	Yes	%
<25	15735	87
25-49	274168	92
49-64	54142	85
>64	2100	55

Headline results

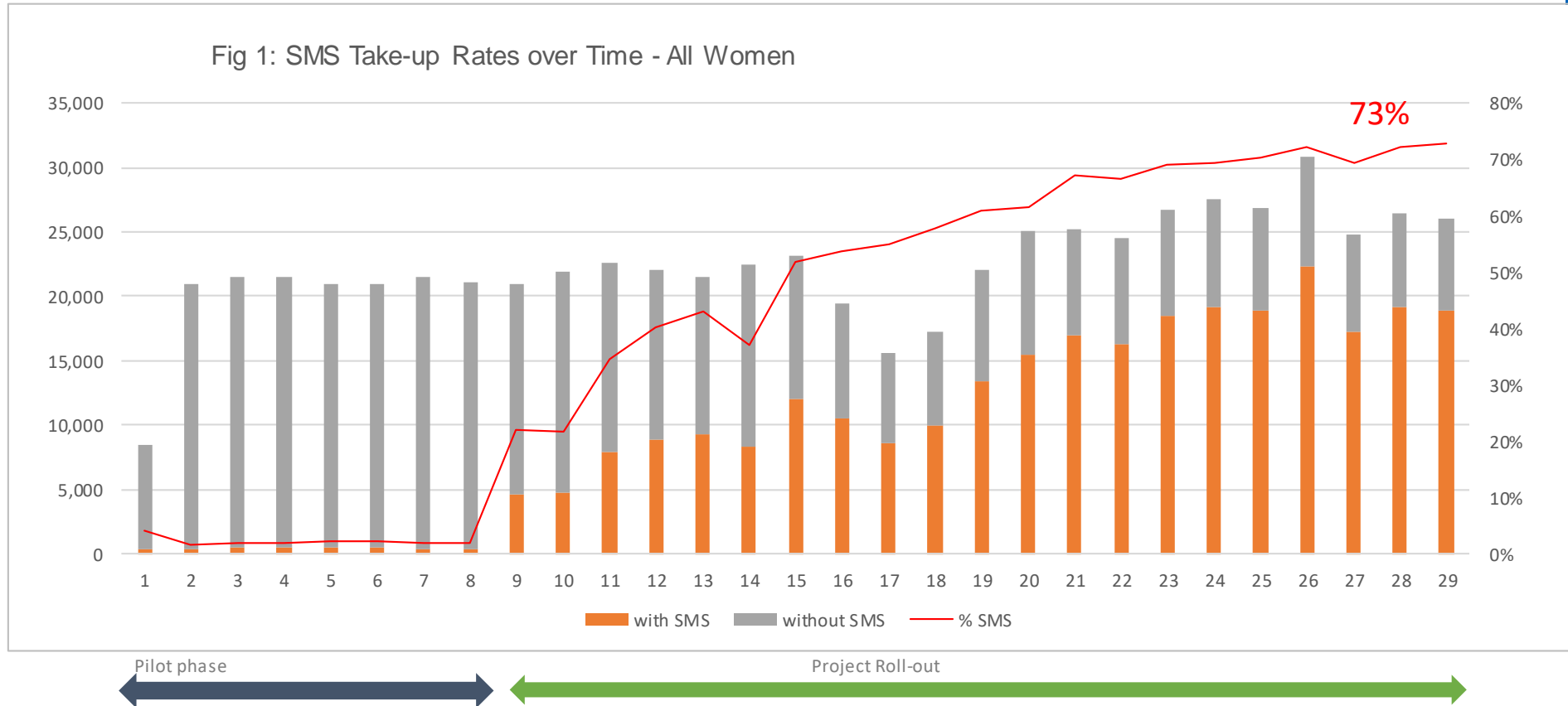


- Cervical screening uptake -Defined as screening attendance 18 weeks/136 days after invitation is sent.
- Baseline July 2017 to January 2018 =31.2%
- Between 1 September 2018 and 14 March 2019:
 - 97% of practices in London signed up to the project, with 80% signing up within the first 6 weeks
 - 384,112 women were invited for screening from consenting practices
 - mobile phone numbers were extracted for 88% of these women
 - messages were successfully sent to 75% of these women (the most common reason for non-delivery of the text message was incorrect phone number)
- For women who received a text reminder, uptake at 18 weeks was higher by:
 - 4.8% in all age groups
 - 4.8% in women aged 25 to 49
 - 5.9% in women aged 50 to 64
- The average time between invitation and screening was 54 days for women who received an invitation letter and a text reminder and 71 days for women who only received an invitation letter.

Uptake - historical comparison

	Uptake at 18 weeks
Baseline: July 2017 -February 2018 (all London, all ages)	31.2%
September 2018 to March 2019 women who received text	36.6%
September 2018 to March 2019 women who did not receive text	31.7%
September 2018 to March 2019 all women	35.7%

Overall SMS take-up rates reached 73% by 9th Feb 2019

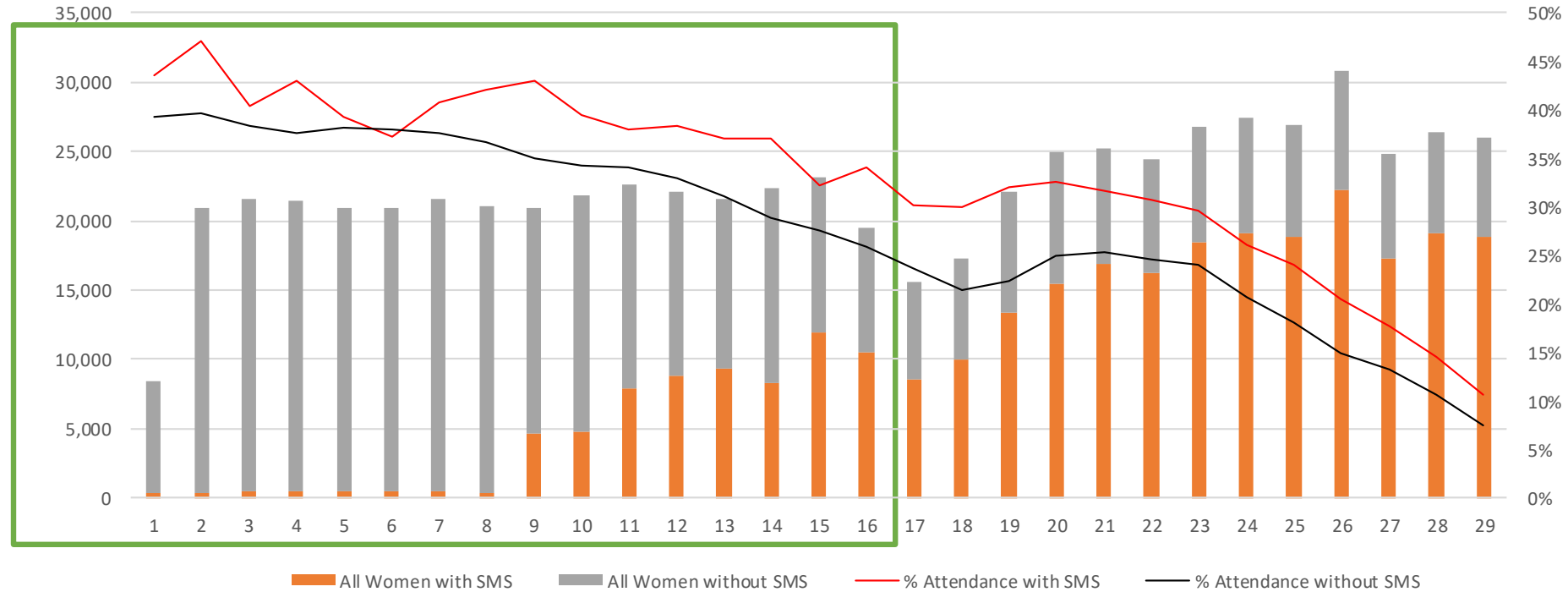


- Orange bars represent women who received both a letter and an SMS reminder and the grey bars represent women who received a letter invite only.
- SMS take up rates have increased throughout the period of the Text Message initiative
- Total invites issued each week is determined by the NHAIS system and the patients screening cycle- week 17 shows a drop in overall total invites whilst the percentage of women sent an SMS continued to climb.
- SMS take-up achieved 73% as at Feb 9th 2019

Data Notes:
1. Week 1 is w/c 28th July 2018 and week 29 is Feb 9th 2019

Evaluation results will focus on weeks 1-16

Fig 5: Screening Attendance rates, by Contact Group (with SMS vs Letter Only)



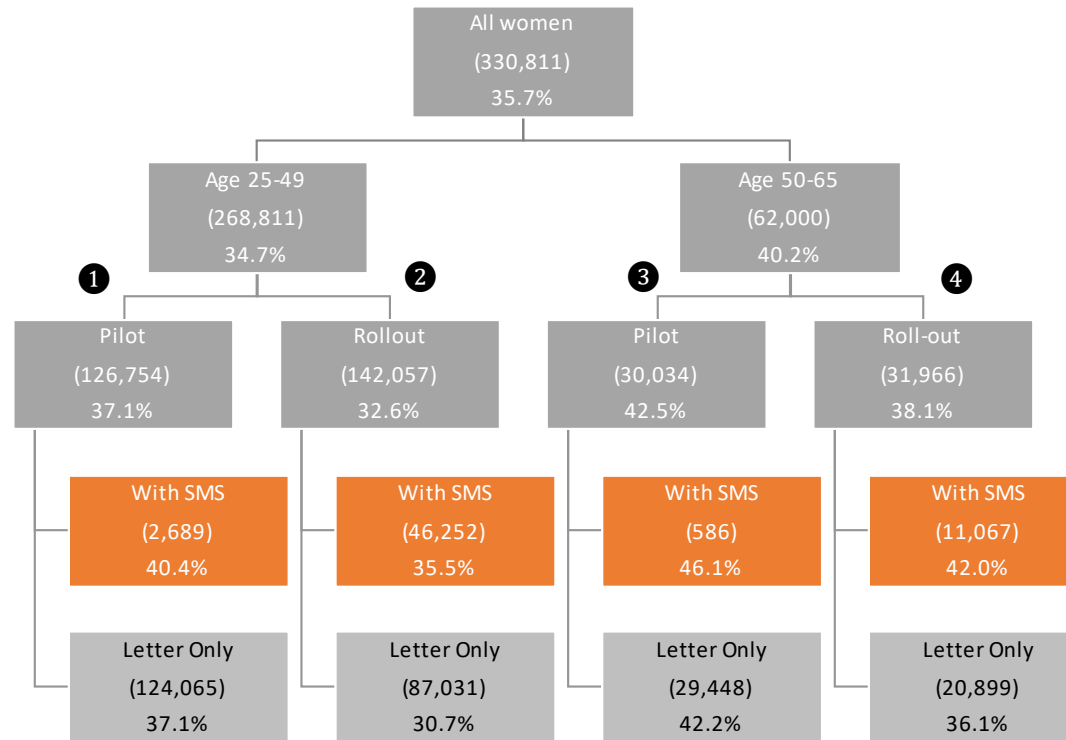
- The chart above shows screening attendance rates for the whole study period – should be notes that only weeks 1 to 16 are the matured results. This means that the observation period (136 days) for which we look to see if the woman has attended screening, has now passed. There should be no further data movements*
- Week 17 onwards is still maturing data – there is still time for the woman to attend screening.

Data Notes:

1. Week 1 is w/c 28th July 2018 and week 29 is Feb 9th 2019

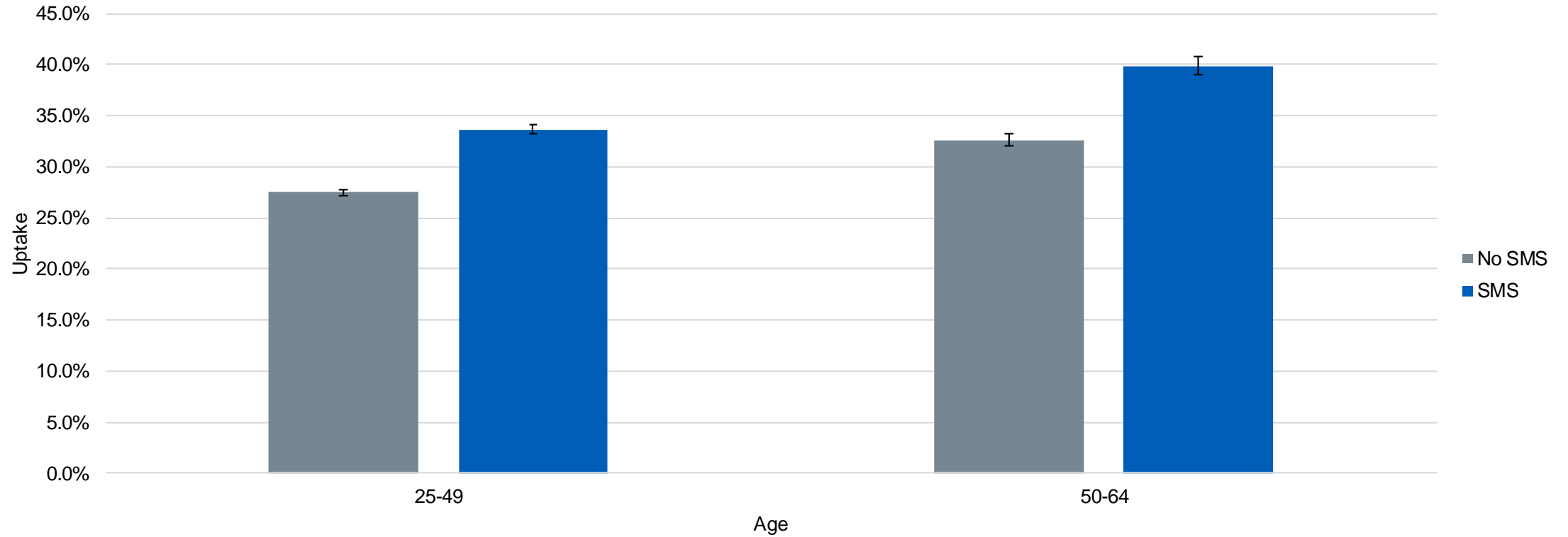
2. This assumption was proven to be false – whilst in the process of finalising the draft paper, a revisit of the data showed that further ‘test results’ had appeared in the data which were not present in the Draft Paper. This suggests that Labs are late in logging results into the system which is impacting the stability of the dataset used for this study. This should be further investigated as we continue to assume that weeks 1-16 are ‘final results’

Screening Attendance % - Results Summary

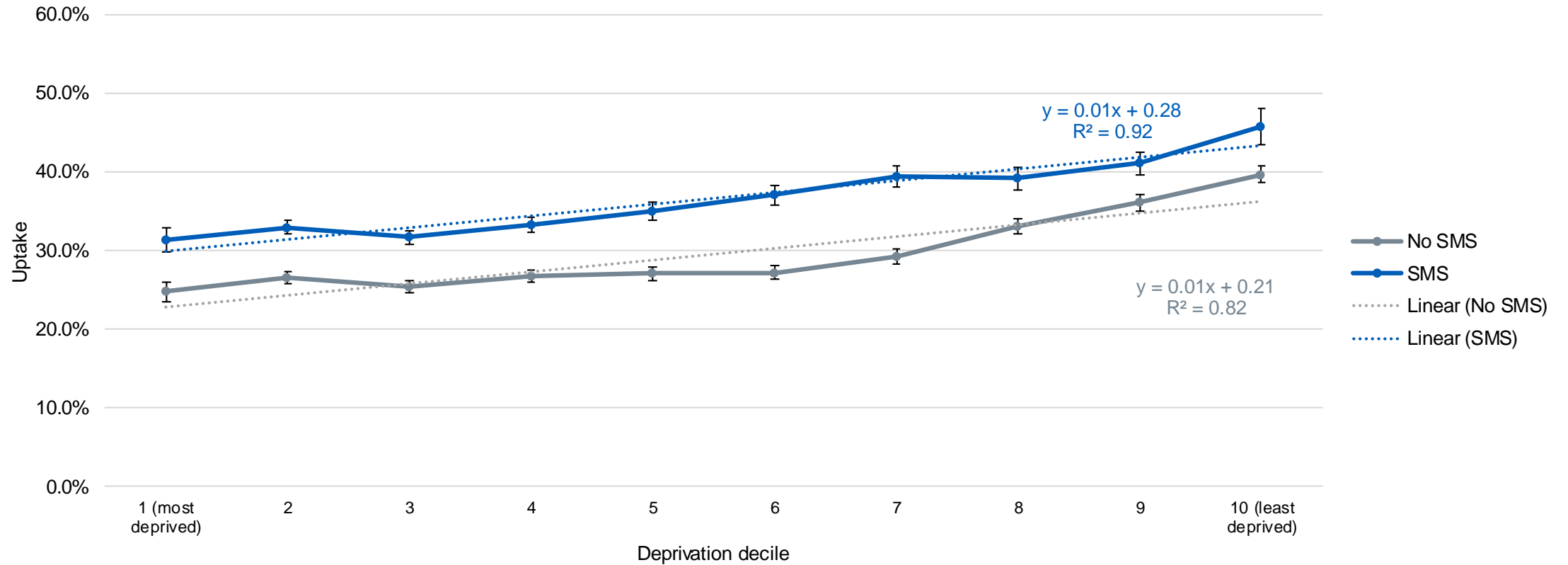


- Screening rates are higher across the board for women who received an SMS compared to those that received a letter only
- Women aged 50-65 (40.2%), are more likely to attend screening than women aged 25-49 (34.7%)
- The best performing cohort, in terms of maximising screening rates is 3, with a screening attendance rate of 46.1% However, this is a relatively small number of women (586).
- The lowest attendance rates are for the 25-49 age group in the roll-out phase. The letter only group shows the worst screening attendance rates of all cohorts at 31%. A supplementary SMS improves this to 35.5%.

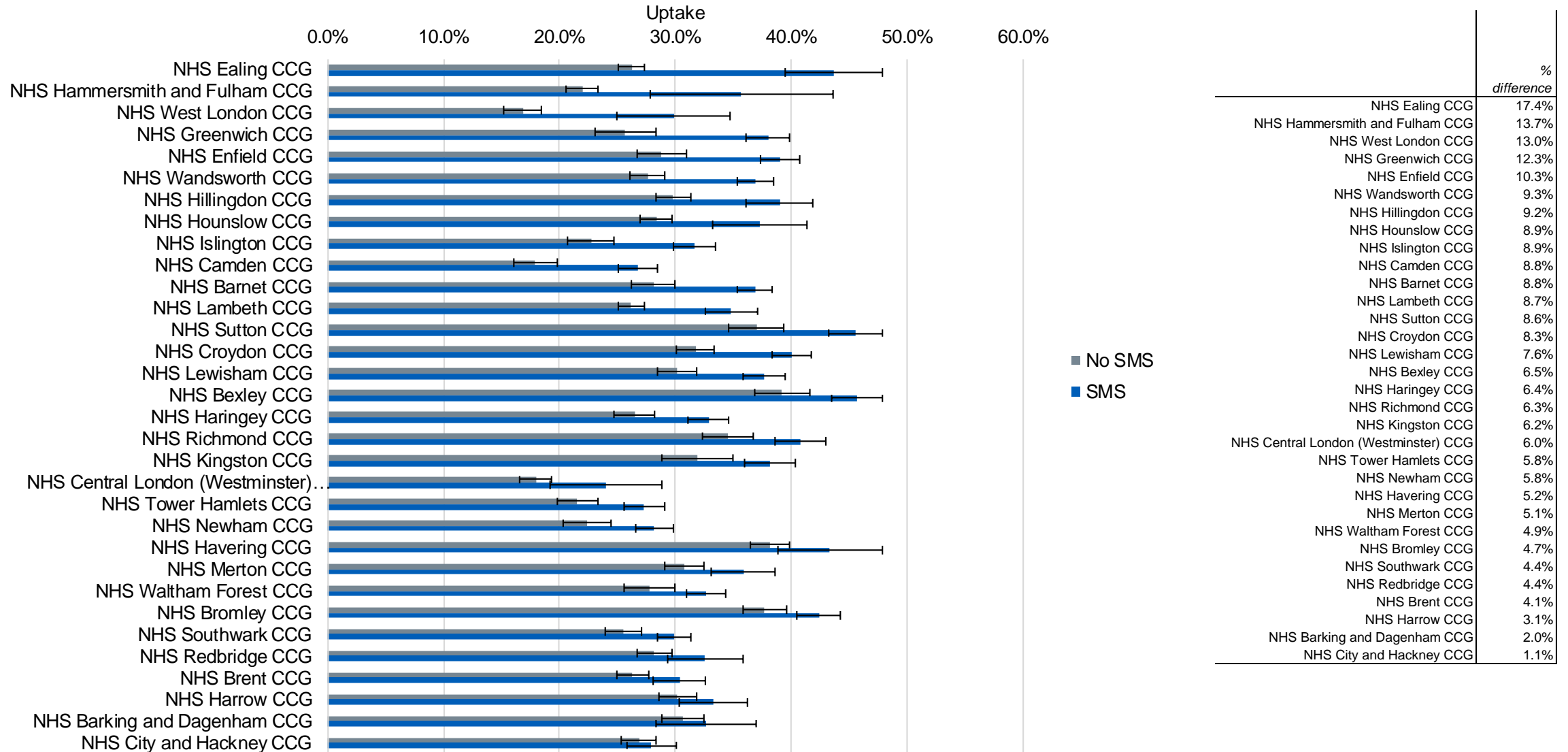
Uptake by age group



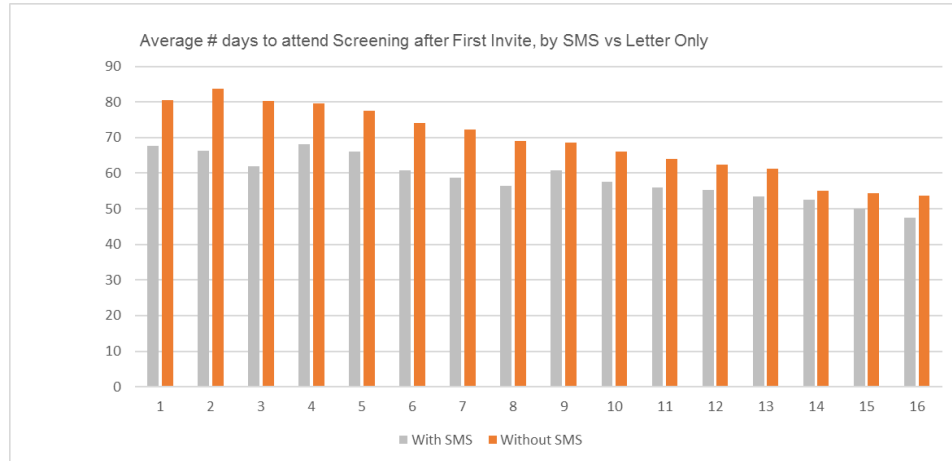
Uptake by deprivation decile



Difference in uptake by CCG letter only vs. letter +SMS



Time to screening



- Conclusive evidence that not only does an SMS reminder improve overall attendance rates, but the number of days it takes woman to attend screening is consistently less than with a letter invite only.
- This is true for all age cohorts and almost for every week's data tranche

