**Population health case studies (8)**

**Improving uptake of breast screening in south lancashire**

**What was the issue we were trying to resolve/why was it needed?**

The issue being addressed was the low uptake of breast screening in the 50 to 70-year-old age group within the PCN locality in South Lancashire. The aim was to understand the reasons behind the lower-than-average screening rates and to increase the number of women accepting and undergoing breast screening. The project sought to align the screening uptake with the PCN locality average and improve health outcomes by identifying and addressing barriers to screening.

**Who was it aimed at?**

The project was aimed at women aged 50 to 70 years old within the PCN locality in South Lancashire, particularly focusing on those in the 20% most deprived population and those who had previously DNA (Did Not Attend) their breast screening appointments.

**Summary of the project**

**Project Summary**: Increasing Breast Screening Uptake in South Lancashire

* **Objective**: Increase the number of women aged 50-70 accepting and undergoing breast screening, particularly focusing on the 20% most deprived population.
* **Data Sources**: Utilized various data sources including Aristotle, NHS Fingertips, and public health data.
* **Stakeholders**: Collaborated with MLCSU team, Cancer Alliance teams, breast screening teams, and public health colleagues.
* **Approach**:
  + Stratified the cohort into priority groups based on deprivation and previous DNA status.
  + Used care coordinators for personal contact and follow-up with eligible women.
  + Produced and distributed information leaflets and frequently asked questions documents.
  + Leveraged technology for wider reach, including text messaging and social media.
* **Outcome**: Increased breast screening uptake from 63.4% to approximately 73%.
* **Impact**: Improved awareness and engagement among the target population, with positive anecdotal feedback from care coordinators and patients.

**Who was involved – partnership approach for example?**

* **MLCSU Team**: Provided access to data sources and training on using Aristotle.
* **Cancer Alliance Teams**: Collaborated for data and support related to breast screening.
* **Public Health Colleagues**: Assisted with data and insights on the local population.
* **South Lancashire Breast Screening Team**: Provided detailed information on screening numbers and DNA rates.
* **Care Coordinators**: Conducted personal outreach to eligible women, addressing barriers and encouraging screening.
* **Community Assets and Social Prescribing Teams**: Engaged to reach populations not easily accessible through general practice.
* **NHS England and Cancer Care Alliance**: Potential sources for funding streams to support the project.
* **Local Practises and PCN Board**: Supported the project implementation and provided resources.

These partnerships were crucial in leveraging various resources, expertise, and community connections to enhance the project's effectiveness.

**Full names of people who supported with the project**

* **Dr Jyotsna Magapu** - Health Inequalities Clinical Lead for Chorley Central PCN - Lead Project Manager and Process Development
* **Simon Elcock** - PCN Manager for Chorley Central PCN - IT support- enabled searches to be set up and established them on the 6-member practice EMIS records.
* **Janet Ellison** - Cancer Screening Improvement Lead - South Lancashire Breast Screening - Data provision of DNA and uptake for the PCN practices, Resources Sharing
* **All Care Coordinators for each of the 6 member practices for the PCN** - implementation of the project, personalised care contact.

**When did it start/finish (is it ongoing)?**

The project is ongoing, with recent updates on the progress and current breast screening uptake rates.

**What area was/is it delivered in?**

The project was delivered in the South Lancashire area.

**How did the team go about delivering it?**

The team delivered the project through several coordinated efforts:

* **Data Analysis**: They used various data sources, including Aristotle and NHS resources, to understand the population and identify key stakeholders.
* **Stakeholder Engagement**: They involved public health colleagues, Cancer Alliance teams, and breast screening teams to gather information and support.
* **Funding**: They secured funding from NHS England and the Cancer Care Alliance to support the project.
* **Prioritization**: They stratified the cohort into priority groups based on deprivation levels and previous DNA (Did Not Attend) rates.
* **Personal Contact**: Care coordinators made personal contact with individuals, exploring barriers and encouraging attendance.
* **Information Dissemination**: They produced and distributed information leaflets and frequently asked questions documents, and used text messaging systems to reach out to the population.
* **Technology Utilization**: They leveraged IT systems, text messaging, emails, social media, and practice websites to disseminate information widely.

These efforts collectively aimed to increase breast screening uptake in the South Lancashire area.

**What were the main outcomes/impacts for people?**

The main outcomes and impacts for people included:

* **Increased Breast Screening Uptake**: The project led to an increase in breast screening uptake from 63.4% to approximately 73%.
* **Improved Awareness and Education**: The dissemination of information through leaflets, frequently asked questions documents, and text messages helped educate the population about the importance of breast screening and self-examination.
* **Addressing Barriers**: Personal contact by care coordinators helped identify and address barriers to screening, such as travel concerns, fear of results, and COVID-related anxieties.
* **Enhanced Patient Engagement**: Patients felt considered and supported, which increased their confidence in attending screenings and prioritizing their health.
* **Adoption of Population Health Approach**: The project fostered a sense of advocacy and ownership among care coordinators, who adopted a population health approach in their work.

These outcomes contributed to better health outcomes and increased engagement with breast screening services in the South Lancashire area.

**Are there any comments/statements from people it helped?**

Yes, there were comments and statements from people it helped:

* **Care Coordinators**: They felt they were making a true difference and had a personal understanding and ownership of the project.
* **Patients**: They felt considered and supported, appreciating the help and involvement in their health care.

These comments reflect the positive impact and engagement resulting from the project.

**How many people were seen or accessed support?**

A total of 2,170 people were contacted for support:

* **Priority One**: 478 people, with 95% (455 individuals) contacted either by call, text message, or both.
* **Priority Two**: 1,692 people, with 88% contacted through various means.

These efforts ensured a broad reach and support for the targeted population.