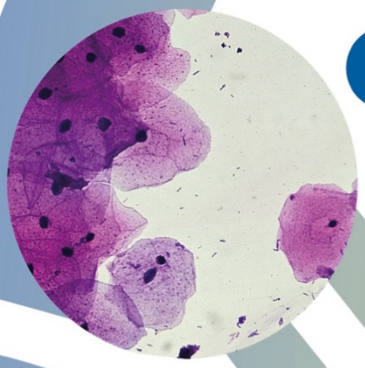
Cervical Screening Video Texting Pilot

Evaluation



Cervical Screening Video Texting Pilot

Evaluation

The aim of this pilot project was to deliver video-based, targeted information sent by SMS text message, from primary care to individuals eligible for cervical screening who had not responded to the three standard invitation letters sent by post.

Key metrics

- % of patients attending screening within 8 weeks of the text intervention.
- Actual numbers of people who were sent text intervention who attended screening.
- Number of views of the video.

Background

It is reported that around 2000 lives are saved each year in the UK due to the National cervical cancer screening programme. [1] It has been found that 63% of cancers diagnosed through screening are diagnosed at stage 1 meaning improved survival rates due to an earlier diagnosis.[2] Participation in the cancer screening programmes is lower in the most deprived communities [3]. Other factors such as ethnicity has been shown to be the most important predictor of cervical screening attendance, showing white British women being significantly more likely to attend cervical screening than those from other ethnicities. [4]This is compounded by several barriers such as embarrassment, fear of pain and lack of understanding.[5] In England the national target for cervical screening is 80%. in England in 2019-20 70.2% of eligible women aged 25 to 64 were recorded as adequately screened[6]. In Dorset the figure of 73.3% is higher than the national average, yet there are pockets of deprivation within the county where screening is as low as 50%. So more focused work was required to address the needs of people who live in these areas of deprivation.

In response to this, NHS Dorset ICS Cancer Team and Wessex Cancer Alliance collaborated with NHS England South West Screening & Immunisation Team on a cervical screening uptake pilot aimed at practices with combined levels of high deprivation and low cervical screening uptake in Dorset. A small team was established to deliver this project.

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[1] Landy, R., Pesola, F., Castañón, A. et al. Impact of cervical screening on cervical cancer mortality: estimation using stage-specific results from a nested case–control study. Br J Cancer 115, 1140–1146 (2016). https://doi.org/10.1038/bjc.2016.290

[2] Routes to Diagnosis, 2018 - NHS Digital

[3] McCowan, C., McSkimming, P., Papworth, R., Kotzur, M., McConnachie, A., Macdonald, S., Wyke, S., Crighton, E., Campbell, C., Weller, D., Steele, R.J.C. & Robb, K.A. 2019, "Comparing uptake across breast, cervical and bowel screening at an individual level: a retrospective cohort study", *The British Journal of Cancer,* vol. 121, no. 8, pp. 710-714.

[4] Moser K, Patnick J, Beral V. Inequalities in reported use of breast and cervical screening in Great Britain: analysis of cross-sectional survey data *BMJ* 2009; 338: b2025 doi:10.1136/bmj.b2025

[5] Barriers to Cervical Screening | Jo's Cervical Cancer Trust (jostrust.org.uk)

[6] Cervical Screening Programme, England - 2019-20 [NS] - NHS Digital

Wessex Cancer Alliance and NHS Dorset ICS Cancer team are responsible for the early diagnosis ambition in the Long Term Plan to diagnose 75% of all cancers at stage 1 and 2 by 2028.[7] This is also aligned with PCN DES Cancer service requirement 2: Work with local system partners – including NHS England and Cancer Alliance – to agree the PCN's contribution to local efforts to improve uptake in cervical and bowel NHS Cancer Screening Programmes and follow-up on non-responders to invitations. [8]

Using data from Public Health England 20/21 (data source: https://fingertips.phe.org.uk/) the project team identified five GP practices in areas with higher levels of deprivation and lower levels of cervical screening, who were invited to participate in the pilot and four accepted the invitation. Among other things deprivation is associated with low levels of literacy and consequently low levels of health literacy. [9] It is reported that this can lead to lack of understanding and compound fear and anxiety about what cervical screening is, what is involved and how painful it might be. [10]

The cervical screening programme currently sends a standard invitation letter followed by a reminder letter 18 weeks later to all women and people with a cervix who are eligible for cervical screening between 24.5 years and 64 years at intervals of 3 years up to age of 49 and every 5 years to the age of 64.

Where the call and recall services have not received a test result from the relevant cytology lab within 224 days (32 weeks) of the call or recall letter being sent, the individual becomes a 'non-responder'. At this point their GP practice is notified so they can take any follow up activity and to send a third letter. [11]

The use of text messaging has grown exponentially in healthcare especially in the last two years. It is well documented that this is an effective communication method and in groups who experience health inequalities. [12] [13]Text messaging interventions have been shown previously to moderately increase screening rates for cervical screening up to 5% in some areas. [14] [15]

A case study in Derbyshire reported an increase in the uptake of cervical screening in previous non-responders following a text message sent out with a link to a locally produced video. This was supported by evidence from a study in London where response increased when the message was locally endorsed. [16] This was in addition to the standard three invitation letters.

[7] NHS Long Term Plan » Cancer
[8] PRN00157-ncds-early-cancer-diagnosis-support-pack.pdf (england.nhs.uk)
[9] Rowlands G, Protheroe J, Winkley J, Richardson M, Seed PT, Rudd R. 2015. A mismatch between population health literacy and the complexity of health information: an observational study. Br J Gen Pract 65(635)
[10]Marlow, L., McBride, E., Varnes, L. et al. Barriers to cervical screening among older women from hard-to-reach groups: a qualitative study in England. BMC Women's Health 19, 38 (2019). https://doi.org/10.1186/(link is external) s12905-019-0736-z
[11] NHS Cervical Screening Programme – Good practice guidance for sample takers - GOV.UK (www.gov.uk)
[12]Duffy SW, Myles JP, Maroni R, Mohammad A. Rapid review of evaluation of interventions to improve participation in cancer screening services. J Med Screen. 2017 Sep;24(3):127-145. doi: 10.1177/0969141316664757. Epub 2016 Oct 17. PMID: 27754937; PMCID: PMC5542134.

[13] Screening text message principles - GOV.UK (www.gov.uk)
[14] Uy C, Lopez J, Trinh-Shevrin C, Kwon SC, Sherman SE, Liang PS. Text Messaging Interventions on Cancer Screening Rates: A Systematic Review. J Med Internet Res. 2017 Aug 24;19(8):e296. doi: 10.2196/jmir.7893. PMID: 28838885; PMCID: PMC5590008.

[15] Screening text reminder programme to increase the uptake of routine screening appointments - Cancer digital playbook - NHS Transformation Directorate (england.nhs.uk)
[16] Text message reminders boost cervical screening uptake | Imperial News | Imperial College London

Method

This pilot project delivered **locally produced** video-based, targeted information sent by SMS text message, from primary care to individuals eligible for cervical cancer screening but who have missed the last two screening rounds and **had not responded to the three previous written invitations. The process of delivering the pilot is described in Figure 1.1**

Inclusion criteria

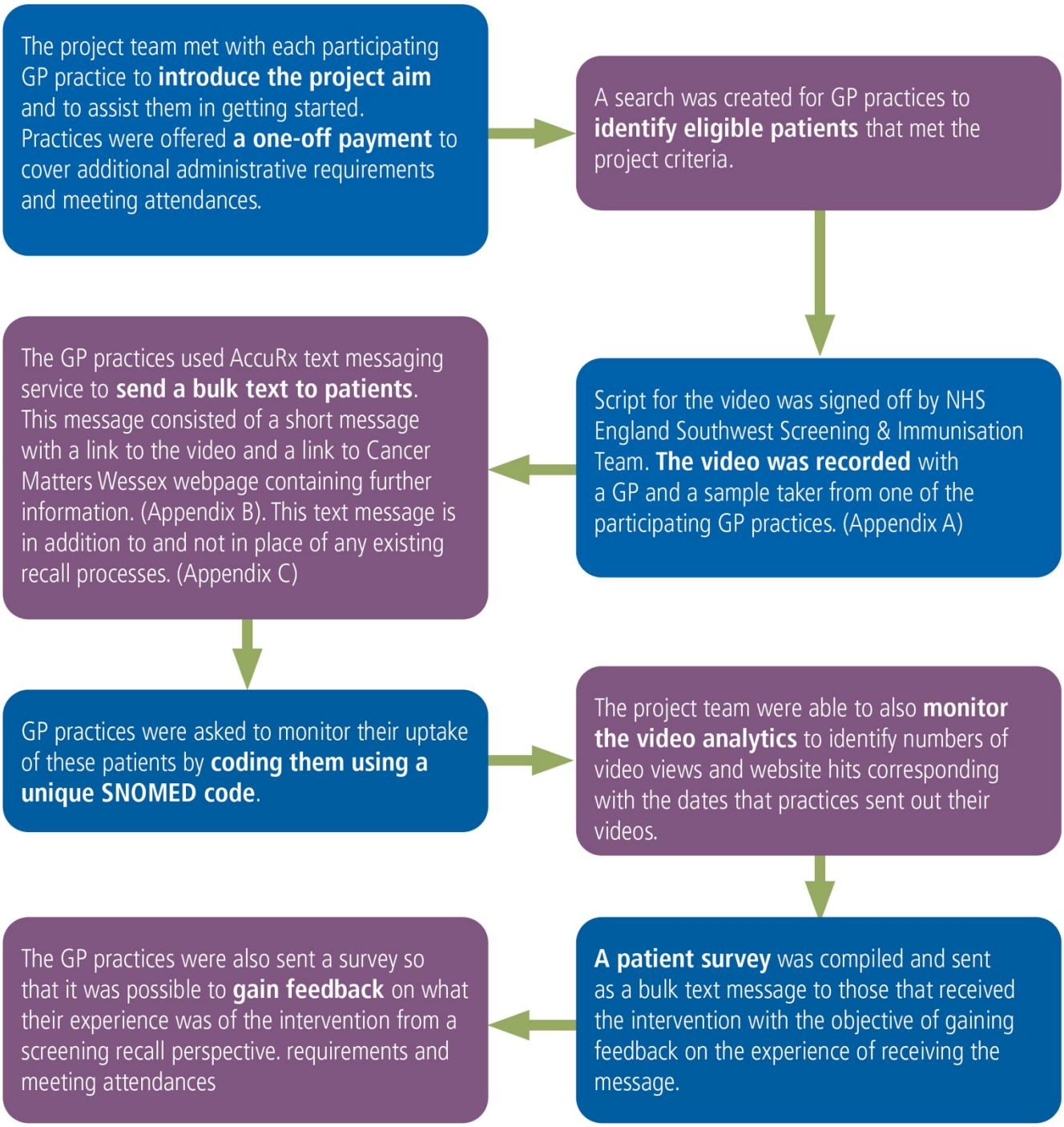
Women and people with a cervix, registered with a participating Dorset GP practice, who are:

- 30–34-year-olds who have never attended for cervical screening
- 49–54-year-olds who have missed the last two screening rounds for cervical screening

Exclusion criteria

- Women and people with a prior diagnosis of cervical cancer.
- Women and people who have been removed permanently ceased or deferred from the cervical screening register.
- People who are receiving end-of-life care.

Fig 1.1 Project Process Map



We advised practices to ensure that there was adequate sample takers and clinic capacity for the potential increase in cervical screening requests. A modelling exercise was undertaken to ensure colposcopy services could meet any additional capacity requirements and this was discussed with providers and their support for the project was secured. The video was recorded by a GP and sample taker (Lead Nurse) from one of the participating practices. The production of the video was funded by Wessex Cancer Alliance.

Results

The key question we asked ourselves at the beginning was **'In the target cohort, was there an increase in those screened during the intervention period following the video text message?'** Our target after modelling was a 5% uptake in (of the identified cohort) screening following the text message intervention.

Each GP practice sent their text messages to their eligible cohort between 24th January and 28th March 2023 on a day and time of their choosing. Below are the results from each practice.

Surgery	Sent to	Booked	Screened	%	Target	Onward referrals	DNA's
P4	271	20	17	6%	5%	0	3
P3	339		34	10%	5%		0
P1	105	12	6	6%	5%	0	2
P2	650	30	29	4%	5%	1	1
Total	**1365**		**86**	**7%**		**1**	**6**

Objective measures:

- 1365 messages sent across the four practices.
- 7% of patients attended screening following the text intervention.
- 86 people attended screening following this intervention.
- 6 visits to cervical screening page (Cancer Matters Wessex)
- 1 onward referral to colposcopy – based on 3 practices.
- 6 DNAs
- Number of views of the video varied greatly. *Appendix D*

Acceptability to patients and GP practices

One of the objectives was to understand how acceptable this intervention would be for primary care to implement. Each participating practice was sent a survey to understand the length of time taken for the project. Of the four participating practices, three returned the survey and the results are shown below. The time taken for the intervention varied by practice between 30 mins and a few hours.

All practices had access to text messaging services, so no additional cost was incurred for this element.

Patient insights: No responses from patient survey. Cannot draw conclusions about patient experience but note the increased uptake in booking and attending appointments.

Importantly we do not know the effect the text and/or the video on those who did not respond.

Objective measures:

- Length of admin time taken as reported by GP practice as below.

Surgery	Practice Survey Sent	Practice Survey Done	Patient Survey Sent by Post	Time Taken
P4	Yes	Yes	Yes	30 mins
P3	Yes			
P1	Yes	Yes	Yes	2 hours
P2	Yes	Yes	Yes	A few hours

- GP surgery quote

"Taking part in the Cervical Screening Video Project was a relatively easy process. Once the reports had been set up and run the text went out to all the patients on the list. We were pleasantly surprised at the number of patients that booked as we didn't think the video, as well done as it was, would make much of a difference. However quite a few patients booked in, some unfortunately cancelled or did not attend but it did improve uptake so all in all a successful project. We would definitely use the video again for non-responders or for patients that would like more information on cervical screening"

Conclusion

Of those who were sent the text message 7% booked and attended for cervical screening. It is unclear whether this can be directly attributed to the text message intervention or the video within the text, however this is a very positive outcome and exceeds the 5% target in the project ambitions.

The feedback from GP practices show that this could be implemented with minimal additional resource required.

Cost effective: Ongoing costs are low and set up costs are low.

Text messages are commonly used to remind patients of appointments. The simple addition of a video to the text appears to have had a positive impact without adding too much additional resource and effort.

Communication: GP surgery P2: sent out to all eligible participants within a PCN rather than the targeted practice.

Improvements for future/ learning

- Analytics from the text messages: would have been a useful measure to identify how many saw the message and how many did not receive message ie click rate rather than sent rate.
- Surgery feedback: Clarity on what data is needed for evaluation from the start, maybe in form of a checklist/form.
- No Responses were received from the patient feedback survey. To explore the possibility of 'at appointment feedback'.
- Timing of sending the message sent. It was clear from the analytics of the video, that most people viewed the content, on or around the time that the text message was sent. Very few views took place on the days after the text was sent. It was also clear, once speaking to the GP Practices about what time the text messages were sent to the patients, that the higher viewing rates were linked to the time of day. It would appear that sending text messages during the working day (9am-5pm) led to lower viewing figures than when a message was sent early morning or early evening. It would be advisable in the future, to monitor timings of text

messages being sent, to seek a pattern of behaviour from the target audience and suggest that no text message is sent near or after surgery closing times, and not before the practice opens in the morning but ideally, ahead of the 9-5 working day. People watched the same day and the following day that the text message was sent. Advise to send in morning before people go to work or in evening is this the optimum time demonstrated?

Considerations

Are mobile phone numbers up to date, is there a way for practices to check bounce back rate?

Would click to book function make a difference to the % uptake?

Explore if there is there a trend of those who DNA?

Explore potential to use these features in other cancer screening programmes.

If this project model were to be adopted more widely ensure that the wider team is informed and involved, such as NHSE Local Screening and Immunisation Team and secondary care colposcopy providers.

Appendix

A. Video

https://vimeo.com/780747927/5bad6cdf26

B. CMW Website

Cervical screening - Cancer Matters Wessex

C. Text Message Template:
Dear [name inserted]

This is an important message from your GP Practice. Our records show you are due a cervical screening (smear test).

The following video explains what happens at the appointment and why it is important to attend:
https://vimeo.com/780747927/5bad6cdf26

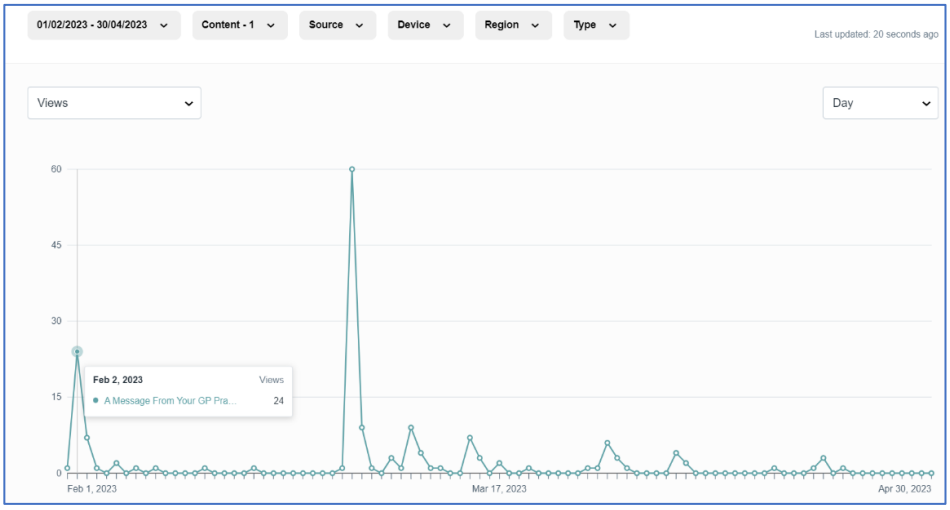
Please contact us to make an appointment [insert phone number?].
Screening Saves Lives

D. Video Views

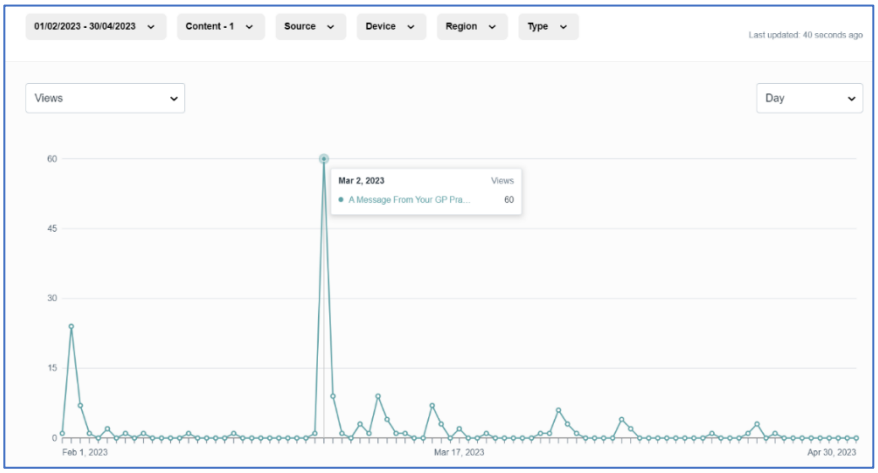
Views of the videos according to the date sent by each practice.

Message sent on 24th January:

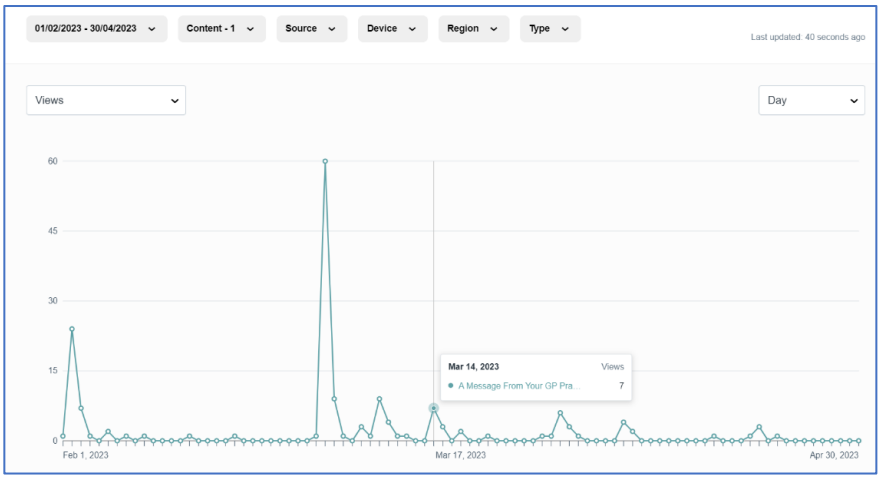
Message sent on 2nd February:



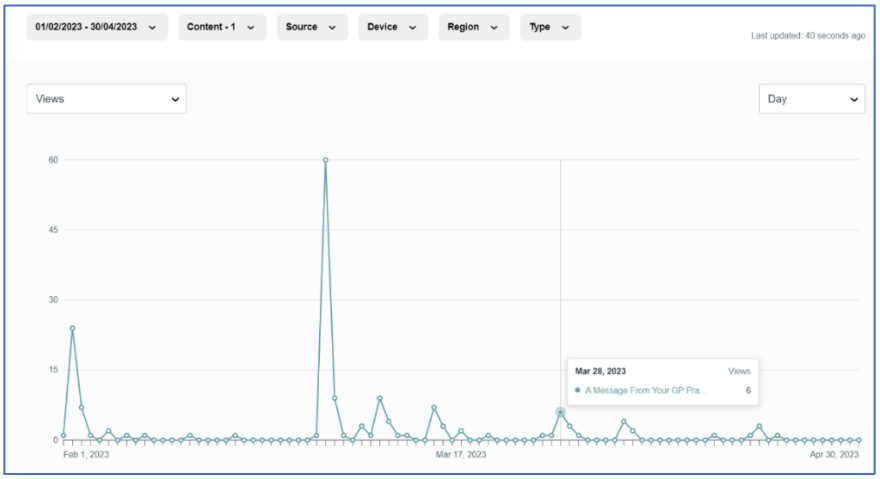
Message sent on 2nd March:



Message sent on 14th March:



Message sent on 28th March:



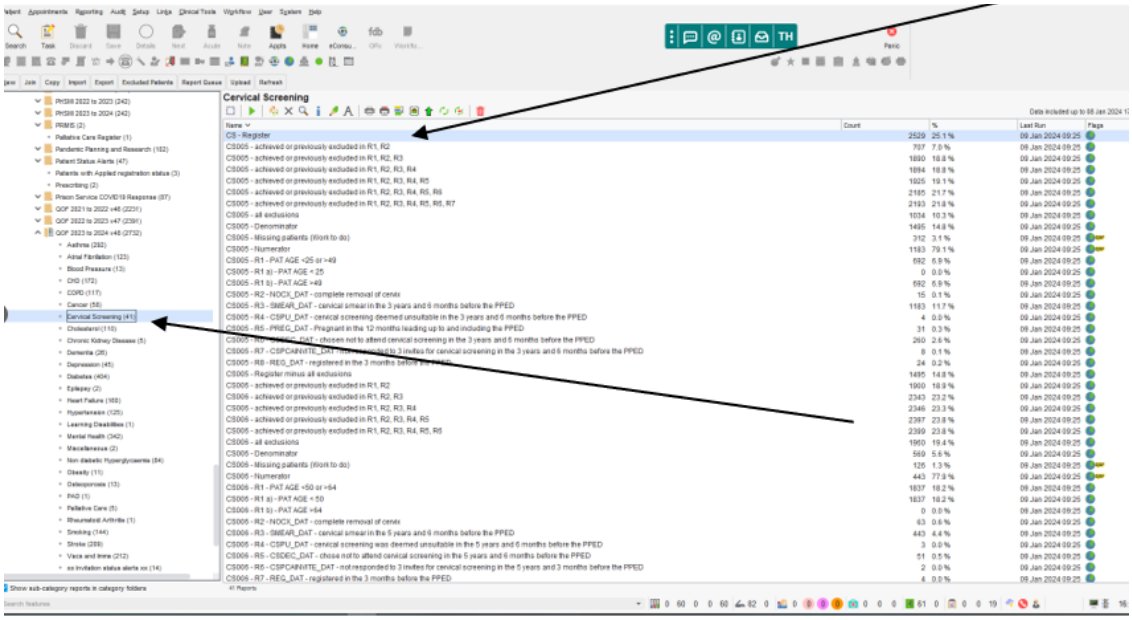
E. Cervical Screening Video Project Practice Guide

Practice guide sent to all participating practices including project brief, how to create patient search and how to code the event

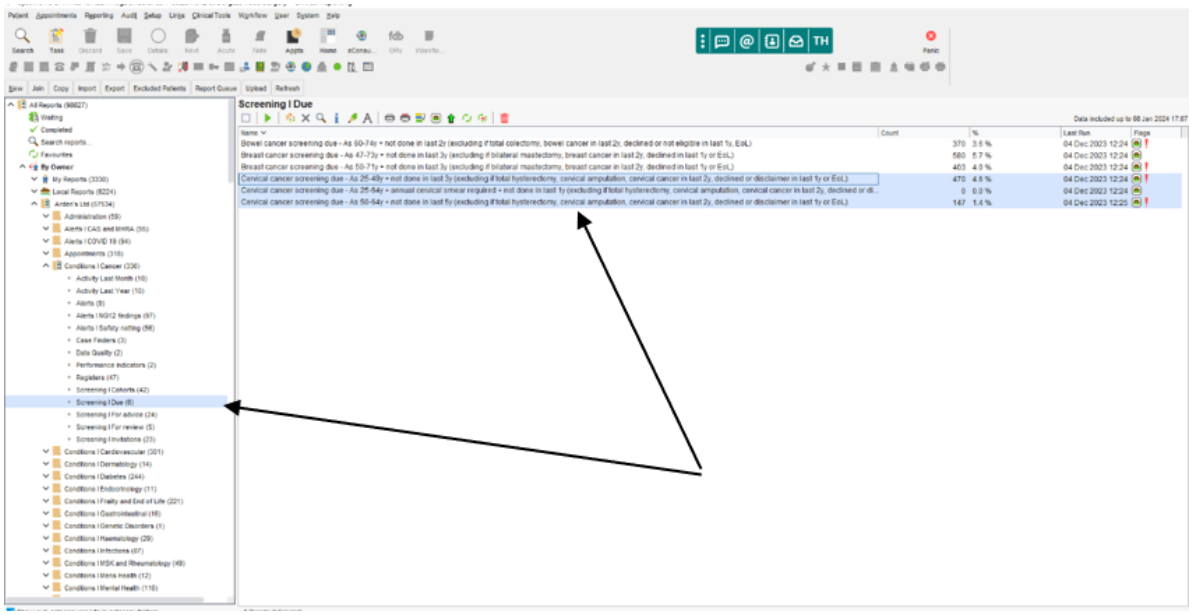
Identifying your patients / Ardens Searches

You can identify your patients using your own searches if required but there are some already built that you can use as follows;

1. Eligible women – this can be found in any system wide search that each clinical system provides – it's the QOF register. The practice can copy this search and locate it in a folder of their choosing. The search for system 1 practices can be found in your reporting function, in the folder called 'system wide searches' – QOF 2023-2024



2. Those women overdue for screening (for both age groups can be found within Ardens pre populated searches, and can be found here….



Text To be sent

You will need to export the required searches into a csv file so it can be uploaded into your bulk text messaging platform (MJOG, AccuRx etc.)

SNOMED / Read Codes

You will also need to accurately code that you have sent this text. This can be done during the bulk texting process. Use **XaZJJ** (snomed 836441000000104) – cervical screening invitation sms message sent.

You may also wish to code that you have informed the patient about cervical screening using either of these available codes

1. **XaZID** (snomed 851141000000101) – provision of information about cervical screening programme
2. **6793** (snomed 171040007) – health education on cervical cytology
3. **XE1TU** (snomed 1710400007) – advice on cervical cytology

F. Screening Uptake by Participating Practice Compared with Sample Practices

Due to small numbers and very narrow age ranges to which the intervention was targeted there is little noticeable difference in the overall screening rates for the wider population eligible for cervical screening. However, 86 people who had not engaged in cervical screening in the previous two rounds booked and attended.

Comparison made between practice results for cervical screening uptake in Q4 21/22 and Q4 22/23 when the messages were sent out.

- P1 Little change in 25-49 years and a small increase 50-64 years.
- P2 Little or no change in either age group.
- P3 Lower in both age groups.
- P4 Lower in 25-49 years, unchanged 50-64 years

This data was compared to other similar practices in areas of higher deprivation and lower uptake of cervical screening in Dorset in Q4 21/22 and Q4 22/23

- S1 Uptake < 21/22 25-49 years and similar 50-64 years.
- S2 Uptake < 21/22 in both age groups.
- S3 Uptake < 21/22 25-49 years and similar 50-64 years.
- S4 Uptake < 21/22 in both age groups

The below table shows the screening uptake in Q1-4 of both 2021/2022 and 2022/2023 of all four participating practices and 4 sample practices.

Practice 1 25-49

Quarter	CCGCode	Organisation	OrganisationCode	Age	Eligible	Screened	GP_Coverage(%)	12mth Coverage Change
2021/22 Q1	11J				1,535	1,064	69.3	-1.10
2021/22 Q2	11J				1,530	1,027	67.1	-2.40
2021/22 Q3	11J				1,521	999	65.7	-4.03
2021/22 Q4	11J				1,521	1,001	65.8	-4.12
2022/23 Q1	11J				1,507	995	66.0	-3.29
2022/23 Q2	11J				1,498	990	66.1	-1.04
2022/23 Q3	11J				1,502	978	65.1	-0.57
2022/23 Q4	11J				1,516	1,007	66.4	0.61

Practice 1 50-64

Quarter	CCGCode	Organisation	OrganisationCode	Age	Eligible	Screened	GP_Coverage(%)	12mth Coverage Change
2021/22 Q1	11J			50_64	949	625	65.9	-0.88
2021/22 Q2	11J			50_64	935	613	65.6	-0.24
2021/22 Q3	11J			50_64	936	608	65.0	-1.14
2021/22 Q4	11J			50_64	929	599	64.5	-1.62
2022/23 Q1	11J			50_64	921	590	64.1	-1.80
2022/23 Q2	11J			50_64	913	601	65.8	0.27
2022/23 Q3	11J			50_64	919	604	65.7	0.77
2022/23 Q4	11J			50_64	919	604	65.7	1.25

Practice 2 25-49

Quarter	CCGCode	Organisation	OrganisationCode	Age	Eligible	Screened	GP_Coverage(%)	12mth Coverage Change
2021/22 Q1	11J			25_49	3,086	2,222	72.0	-1.76
2021/22 Q2	11J			25_49	9,791	6,696	68.4	-3.76
2021/22 Q3	11J			25_49	9,749	6,644	68.2	-3.56
2021/22 Q4	11J			25_49	9,706	6,654	68.6	-3.95
2022/23 Q1	11J			25_49	9,648	6,574	68.1	-3.86
2022/23 Q2	11J			25_49	9,628	6,481	67.3	-1.08
2022/23 Q3	11J			25_49	9,619	6,400	66.5	-1.62
2022/23 Q4	11J			25_49	9,637	6,370	66.1	-2.46

Practice 2 50-64

Quarter	CCGCode	Organisation	OrganisationCode	Age	Eligible	Screened	GP_Coverage(%)	12mth Coverage Change
2021/22 Q1	11J			50_64	1,441	1,096	76.1	-1.84
2021/22 Q2	11J			50_64	4,938	3,662	74.2	-2.58
2021/22 Q3	11J			50_64	4,957	3,666	74.0	-1.71
2021/22 Q4	11J			50_64	4,954	3,665	74.0	-2.51
2022/23 Q1	11J			50_64	4,944	3,672	74.3	-1.79
2022/23 Q2	11J			50_64	4,926	3,654	74.2	0.02
2022/23 Q3	11J			50_64	4,909	3,636	74.1	0.11
2022/23 Q4	11J			50_64	4,913	3,650	74.3	0.31

Practice 3 25-49

Quarter	CCGCode	Organisation	OrganisationCode	Age	Eligible	Screened	GP_Coverage(%)	12mth Coverage Change
2021/22 Q1	11J			25_49	5,028	3,324	66.1	3.19
2021/22 Q2	11J			25_49	4,986	3,335	66.9	4.41
2021/22 Q3	11J			25_49	5,011	3,307	66.0	3.54
2021/22 Q4	11J			25_49	5,026	3,280	65.3	1.55
2022/23 Q1	11J			25_49	5,034	3,219	63.9	-2.16
2022/23 Q2	11J			25_49	5,034	3,202	63.6	-3.28
2022/23 Q3	11J			25_49	5,089	3,201	62.9	-3.09
2022/23 Q4	11J			25_49	5,053	3,190	63.1	-2.13

Practice 3 50-64

Quarter	CCGCode	Organisation	OrganisationCode	Age	Eligible	Screened	GP_Coverage(%)	12mth Coverage Change
2021/22 Q1	11J			50_64	1,716	1,167	68.0	-0.52
2021/22 Q2	11J			50_64	1,717	1,163	67.7	-0.72
2021/22 Q3	11J			50_64	1,712	1,172	68.5	-0.13
2021/22 Q4	11J			50_64	1,720	1,186	69.0	0.99
2022/23 Q1	11J			50_64	1,728	1,187	68.7	0.69
2022/23 Q2	11J			50_64	1,719	1,186	69.0	1.26
2022/23 Q3	11J			50_64	1,732	1,185	68.4	-0.04
2022/23 Q4	11J			50_64	1,732	1,184	68.4	-0.59

Practice 4 25-49

Quarter	CCGCode	Organisation	OrganisationCode	Age	Eligible	Screened	GP_Coverage(%)	12mth Coverage Change
2021/22 Q1	11J			25_49	2,501	1,463	58.5	-2.49
2021/22 Q2	11J			25_49	2,491	1,423	57.1	-1.51
2021/22 Q3	11J			25_49	2,527	1,431	56.6	-1.65
2021/22 Q4	11J			25_49	2,548	1,472	57.8	-1.22
2022/23 Q1	11J			25_49	2,535	1,430	56.4	-2.09
2022/23 Q2	11J			25_49	2,558	1,394	54.5	-2.63
2022/23 Q3	11J			25_49	2,568	1,373	53.5	-3.16
2022/23 Q4	11J			25_49	2,613	1,436	55.0	-2.81

Practice 4 50-64

Quarter	CCGCode	Organisation	OrganisationCode	Age	Eligible	Screened	GP_Coverage(%)	12mth Coverage Change
2021/22 Q1	11J			50_64	764	478	62.6	-5.56
2021/22 Q2	11J			50_64	765	470	61.4	-4.88
2021/22 Q3	11J			50_64	784	484	61.7	-3.85
2021/22 Q4	11J			50_64	797	490	61.5	-2.50
2022/23 Q1	11J			50_64	799	490	61.3	-1.24
2022/23 Q2	11J			50_64	801	496	61.9	0.48
2022/23 Q3	11J			50_64	815	489	60.0	-1.73
2022/23 Q4	11J			50_64	817	506	61.9	0.45

Sample 1 25-49

Quarter	CCGCode	Organisation	OrganisationCode	Age	Eligible	Screened	GP_Coverage(%)	12mth Coverage Change
2021/22 Q1	11J			25_49	2,328	1,771	76.1	-0.19
2021/22 Q2	11J			25_49	2,331	1,764	75.7	0.09
2021/22 Q3	11J			25_49	2,342	1,781	76.0	0.33
2021/22 Q4	11J			25_49	2,356	1,785	75.8	0.31
2022/23 Q1	11J			25_49	2,370	1,786	75.4	-0.72
2022/23 Q2	11J			25_49	2,387	1,773	74.3	-1.40
2022/23 Q3	11J			25_49	2,412	1,769	73.3	-2.70
2022/23 Q4	11J			25_49	2,413	1,759	72.9	-2.87

Sample 1 50-64

Quarter	CCGCode	Organisation	OrganisationCode	Age	Eligible	Screened	GP_Coverage(%)	12mth Coverage Change
2021/22 Q1	11J			50_64	1,554	1,163	74.8	0.25
2021/22 Q2	11J			50_64	1,560	1,153	73.9	-0.76
2021/22 Q3	11J			50_64	1,561	1,144	73.3	-1.18
2021/22 Q4	11J			50_64	1,565	1,147	73.3	-1.26
2022/23 Q1	11J			50_64	1,568	1,154	73.6	-1.24
2022/23 Q2	11J			50_64	1,577	1,155	73.2	-0.67
2022/23 Q3	11J			50_64	1,576	1,145	72.7	-0.63
2022/23 Q4	11J			50_64	1,588	1,170	73.7	0.39

Sample 2 25-49

Quarter	CCGCode	Organisation	OrganisationCode	Age	Eligible	Screened	GP_Coverage(%)	12mth Coverage Change
2021/22 Q1	11J			25_49	1,481	1,122	75.8	0.25
2021/22 Q2	11J			25_49	1,490	1,116	74.9	1.37
2021/22 Q3	11J			25_49	1,520	1,122	73.8	0.56
2021/22 Q4	11J			25_49	1,538	1,116	72.6	-2.57
2022/23 Q1	11J			25_49	1,553	1,110	71.5	-4.29
2022/23 Q2	11J			25_49	1,571	1,105	70.3	-4.56
2022/23 Q3	11J			25_49	1,599	1,108	69.3	-4.52
2022/23 Q4	11J			25_49	1,630	1,110	68.1	-4.46

Sample 2 50-64

Quarter	CCGCode	Organisation	OrganisationCode	Age	Eligible	Screened	GP_Coverage(%)	12mth Coverage Change
2021/22 Q1	11J			50_64	780	582	74.6	1.43
2021/22 Q2	11J			50_64	789	585	74.1	2.24
2021/22 Q3	11J			50_64	788	585	74.2	3.18
2021/22 Q4	11J			50_64	793	588	74.1	0.37
2022/23 Q1	11J			50_64	789	587	74.4	-0.22
2022/23 Q2	11J			50_64	800	590	73.8	-0.39
2022/23 Q3	11J			50_64	799	587	73.5	-0.77
2022/23 Q4	11J			50_64	800	581	72.6	-1.52

Sample 3 25-49

Quarter	CCGCode	Organisation	OrganisationCode	Age	Eligible	Screened	GP_Coverage(%)	12mth Coverage Change
2021/22 Q1	11J			25_49	2,671	1,913	71.6	0.60
2021/22 Q2	11J			25_49	2,722	1,931	70.9	-0.41
2021/22 Q3	11J			25_49	2,759	1,921	69.6	-1.45
2021/22 Q4	11J			25_49	2,803	1,934	69.0	-2.22
2022/23 Q1	11J			25_49	2,832	1,934	68.3	-3.33
2022/23 Q2	11J			25_49	2,890	1,946	67.3	-3.60
2022/23 Q3	11J			25_49	3,001	1,938	64.6	-5.05
2022/23 Q4	11J			25_49	3,132	1,961	62.6	-6.39

Sample 3 50-64

Quarter	CCGCode	Organisation	OrganisationCode	Age	Eligible	Screened	GP_Coverage(%)	12mth Coverage Change
2021/22 Q1	11J			50_64	1,326	1,020	76.9	-0.28
2021/22 Q2	11J			50_64	1,323	1,009	76.3	-0.95
2021/22 Q3	11J			50_64	1,329	1,006	75.7	-1.44
2021/22 Q4	11J			50_64	1,349	1,020	75.6	-1.89
2022/23 Q1	11J			50_64	1,346	1,020	75.8	-1.14
2022/23 Q2	11J			50_64	1,358	1,034	76.1	-0.12
2022/23 Q3	11J			50_64	1,355	1,025	75.6	-0.05
2022/23 Q4	11J			50_64	1,357	1,030	75.9	0.29

Sample 4 25-49

Quarter	CCGCode	Organisation	OrganisationCode	Age	Eligible	Screened	GP_Coverage(%)	12mth Coverage Change
2021/22 Q1	11J			25_49	1,222	744	60.9	-0.16
2021/22 Q2	11J			25_49	1,212	738	60.9	-0.05
2021/22 Q3	11J			25_49	1,214	724	59.6	-1.74
2021/22 Q4	11J			25_49	1,181	710	60.1	-1.43
2022/23 Q1	11J			25_49	1,161	699	60.2	-0.68
2022/23 Q2	11J			25_49	1,137	671	59.0	-1.88
2022/23 Q3	11J			25_49	1,134	655	57.8	-1.88
2022/23 Q4	11J			25_49	1,134	655	57.8	-2.36

Sample 4 50-64

Quarter	CCGCode	Organisation	OrganisationCode	Age	Eligible	Screened	GP_Coverage(%)	12mth Coverage Change
2021/22 Q1	11J			50_64	629	482	76.6	0.42
2021/22 Q2	11J			50_64	630	479	76.0	0.07
2021/22 Q3	11J			50_64	633	475	75.0	-0.24
2021/22 Q4	11J			50_64	631	475	75.3	-0.45
2022/23 Q1	11J			50_64	634	473	74.6	-2.02
2022/23 Q2	11J			50_64	632	465	73.6	-2.46
2022/23 Q3	11J			50_64	629	456	72.5	-2.54
2022/23 Q4	11J			50_64	616	446	72.4	-2.87