Pilot project for an 'out of hours' option for breast screening appointments





Aim

In an attempt to improve the uptake of breast screening especially amongst working women, those who have a care commitment or who find it difficult to attend an appointment during 'normal office hours', we ran a pilot project over 10 months offering early or late 'out of hours' sessions to those women who found accessing the service a barrier or a problem. This adresses 4 key areas of NHS 2020 vision.

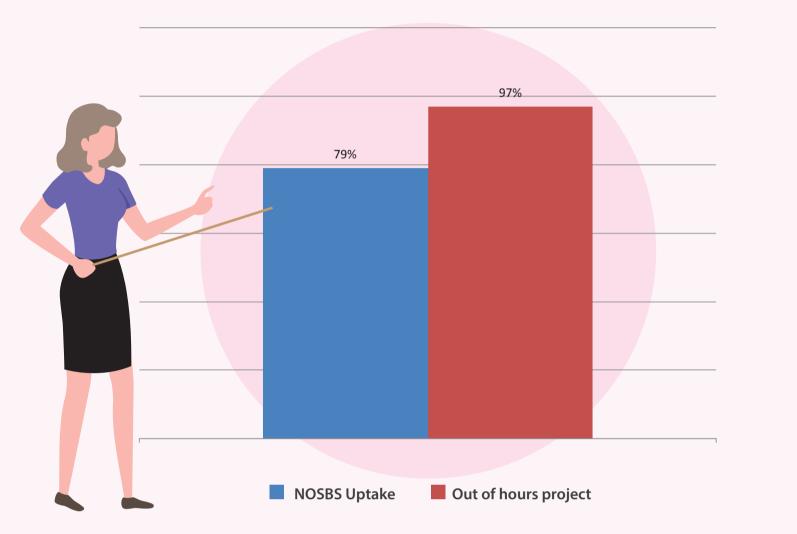
- Providing person centred care giving patients a choice
- Addressing barriers to health inequalities a range of appointment times
- Supporting the early detection of cancer the aim of the breast screening programme
- Supporting NHS staff giving greater access to service

Method

One session was set up monthly alternating between early 7am-9am and a late 5pm-7pm. An additional line was added into the invitation letters informing women that out of hours appointments were available should they find their allocated appointment time a problem, women then had the option to telephone the office and ask for an appointment in one of these additional sessions. These sessions were not used for the general bulk allocation of appointments or those who were over age and 'self referred'.



Each woman who attended these sessions was asked a few questions by the radiographers. This allowed us to gain feedback on reasons for women attending and the value or not of the pilot project.



Outcomes

The pilot was well supported and proved to be popular amongst women – normal attendance for our service is 79%, for this pilot where women elected to make an appointment that suited them we had a 97% attendance.

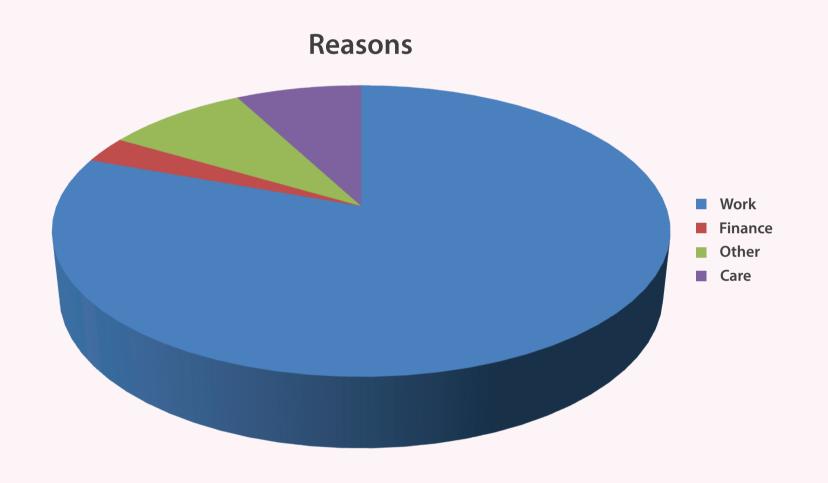
Of those 80% changed their appointments because of work commitments, making the service more suited for the client group that it serves, 7% of those who did attend would not have done so had the out of hours option not been available.

The above results have led us to continue the project into 2019, we also need to consider the options for the screening service to make this option more available to improve accessibility.

Conclusions

We had hoped that by making the sessions accessible we would encourage more women who found it difficult to attend to do so, statistically this would not appear to be the case, what we did do was make it easier for those who did have challenges to attend. It is impossible to say if these women would still have attended had these sessions not been available.

What was of interest was the level of attendance because women had control and could make an appointment to suit their needs, not



those of the service, emphasising the need for the NHS to greater develop patient centred care and address barriers to health inequalities. The positive feedback from women was overwhelming. They felt that it was such a good initiative that empowered them to make a choice and attend at a time that suited them. The staff involved found the comments of appreciation and level of attendance heartening.





- For those who attended, this was a success. It met their needs and empowered them.
- It was of value to those employed by the NHS and allowed staff to attend out with their working hours and therefore had no impact on the service that they provided.
- For the staff involved it was rewarding, there was an excellent uptake of appointments and they were rewarded by appreciation from those who attended.
- It was a challenge as not all staff were supportive, for their own valid reasons.
- This type of development requires the support of imaging and administrative staff and at times that may be a challenge.
- Because this is an IT based system, there is no out of hours support and we had to make a contingency when the system went down during one session. To roll this out and develop it further may require central help desk support.
- The ability of a woman to make her own appointment rather than being automatically issued with one, needs to be explored. It does
 give a significantly improved level of attendance but does require staff availability to answer calls and book into the system.





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This pilot could not have happened without the support of the admin team: Alison Macdonald, Pauline Macdonald, Susan Mackenzie, Patricia Anderson and Muriel Mutch and encouragement from our clinical lead: Dr Heather Rose

References: Offman J, Wilson M, Lamont M, Birke H, Kutt E, Marraige S, Loughrey Y, Hudson S, Hartley A, Smoth J, Eckersley B, Dungey F, Parmar D, Patnick J and Duffy SW, A randomised trial of weekend and evening breast screening appointments. British Journal of Cancer, 2013, 597-602. Readman LP and Asbury DL, Breast screening uptake rates: does access to Saturday sessions lead to improvements? <u>The Breast, 1999, 343-344</u>