

Appendix 1 Details of the project to inform requirements from the Supplier

<p><u>Project A</u> Optimal invitation methodology to improve uptake in underserved groups</p>	<p>The Supplier should design a methodology for a study to compare screening uptake amongst various combinations of screening invitations offered by the programme including:</p> <ul style="list-style-type: none">• 2 x timed appointments• 2 x open invitations• 1 x timed, followed by an open invitation• 1 x open invitation, followed by a timed appointment <p>The methodology should include the number of women required in each invitation study arm and number of breast screening services required to participate.</p> <p>The Supplier must attend and present information on the study design in a workshop for participating breast screening services ahead of the project launch</p> <p>The analysis required will investigate the impact on screening uptake by invitation methodology with regards to:</p> <ul style="list-style-type: none">• First invitation uptake• Second invitation uptake• Indices of Multiple Deprivation groupings• Age (in 5 year cohorts)• Previous screening history• Practice profiles ethnicity data taken from Fingertips to estimate ethnicity of screening cohorts <p>The analysis should also consider whether certain invitation methodologies are more successful for specific population groups to assess the impact on health inequalities.</p> <p>Prior to presenting the final evaluations report, a summary of the key findings should be presented to NHSE, to include representation from participating services as appropriate, to allow an opportunity to “sense check” the findings and allow input to the final report</p> <p>A final written evaluation report must be presented on completion. The outcome data is</p>
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	<p>the property of the Authority and should not be shared in any forum without the explicit consent of the Authority. Any peer review publications resulting from the evaluation should involve joint authorship with the Authority.</p>
<p><u>Project B</u> Evaluation of direct contact with non-attenders to assess impact on uptake by screening cohorts</p>	<p>The Supplier should formulate the project design, particularly regarding the cohort size for the study. This should be shared and agreed with the Authority.</p> <p>Design a script for breast screening services to use when calling women who did not attend two screening appointments or did not respond to open invitation letters. This should include the input of behavioural specialists to maximise the effectiveness of the communication.</p> <p>Design a monitoring spreadsheet for breast screening services to use to record the phone calls made and their outcomes to inform part of the evaluation.</p> <p>Attend and present at a workshop for participating breast screening services ahead of the project launch. This should include information on behavioural factors, such as how to most successfully engage with women on the phone and dealing with difficult interactions.</p> <p>Data will be provided directly from the services to the Supplier for analysis in the form of a CSV file (for use in Excel etc...) and the monitoring spreadsheets which include more detailed messaging around the response from women called.</p> <p>The statistical analysis required will investigate the impact of making direct contact with previous non-attenders on screening uptake, taking into account factors such as:</p> <ul style="list-style-type: none"> • Indices of Multiple Deprivation groupings • Age (in 5 year cohorts) • Previous screening history • Practice profiles ethnicity data taken from Fingertips to estimate ethnicity of screening cohorts <p>The analysis should also consider:</p>

	<ul style="list-style-type: none"> • the ability and feasibility to practically contact women via phone and text messaging • review of themes from the comments made by women regarding why they didn't originally attend / respond or why they did not wish to book an appointment <p>The Supplier may decide to have non-participating services as matched controls in the evaluation design. Comparative data on uptake from these services could be analysed as required.</p> <p>Prior to presenting the final evaluations report, a summary of the key findings should be presented to NHSE, to include representation from participating services as appropriate, to allow an opportunity to "sense check" the findings and allow input to the final report</p> <p>A final written evaluation report must be presented on completion. The outcome data is the property of the Authority and should not be shared in any forum without the explicit consent of the Authority. Any peer review publications resulting from the evaluation should involve joint authorship with the Authority.</p>
<p><u>Project C</u> Online survey of non-attenders to ascertain barriers to screening acceptance</p>	<p>The Supplier should formulate the project design, particularly cohort size for the study.</p> <p>Design a short online survey, to be sent via a text message, to women who have non-attended (following 2 screening invitations) their most recent screening invitation. Determine the wording used for the text message script to accompany the link to the survey. This should include the input of behavioural specialists to maximise effectiveness.</p> <p>The analysis required will present the findings of the survey, highlighting an assessment of themes responses and recommendations for improvements to the screening pathway.</p> <p>Prior to presenting the final evaluations report, a summary of the key findings should be presented to NHSE, to include representation from participating services as appropriate, to</p>

	<p>allow an opportunity to “sense check” the findings and allow input to the final report</p> <p>A final written evaluation report must be presented on completion. The outcome data is the property of the Authority and should not be shared in any forum without the explicit consent of the Authority. Any peer review publications resulting from the evaluation should involve joint authorship with the Authority.</p>
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