

# Adapting invitation letters to increase breast screening attendance

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		<input type="checkbox"/> Protocol
<b>Registration date</b> 06/09/2016	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
<b>Last Edited</b> 06/06/2017	<b>Condition category</b> Mental and Behavioural Disorders	<input type="checkbox"/> Individual participant data
		<input type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

Breast cancer is one of the most common types of cancer in the UK. The earlier the cancer is caught, the better the chance of recovery. It is very important for women to check their breasts regularly and go to breast screening appointments. The average breast screening attendance rate across England is 75.4%, while Greater Manchester's screening rate is below this national average at 61.6%. In this context, NHS Manchester would like to increase the breast screening rate within Greater Manchester

Letters are usually sent to women to invite them to prebooked breast screening appointments, and these letters could be adapted to help more women attend these appointments. This study aims to test whether it is possible to increase attendance rates for breast screening by adapting the invitation letters sent to eligible women.

### Who can participate?

Women aged between 50 to 70 who are due to be invited for a breast screening appointment

### What does the study involve?

Participants are randomly allocated to one of three groups. Those in the first group receive the standard invitation letter (already routinely sent out by the screening centres). Those in the second group receive a simplified invitation letter with a tear off slip and a message stating the cost to the NHS of missing the appointment. Those in the last group receive a simplified letter with a tear off slip and a behaviourally informed deadline message. All participants receive the national breast screening leaflet that outlines the benefits and risks of breast screening.

Attendance rates are used to see whether those who received the adapted letters were more likely to attend their breast screening appointments and compare this to those who received the standard letter.

### What are the possible benefits and risks of participating?

There are no notable benefits and risks with participating.

Where is the study run from?

This study is being run by the Behavioural Insights Team in collaboration with the Greater Manchester Health & Social Care Partnership (UK) and takes place in four breast screening centres which cover Greater Manchester area (UK).

When is the study starting and how long is it expected to run for?

August 2016 to June 2017

Who is funding the study?

Greater Manchester Health & Social Care Partnership (UK)

Who is the main contact?

Ms Isabelle Andresen

## Contact information

### Type(s)

Public

### Contact name

Ms Isabelle Andresen

### Contact details

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### Type(s)

Scientific

### Contact name

Mr Michael Sanders

### Contact details

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## Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

## Secondary identifying numbers

2016065

# Study information

## Scientific Title

Behaviorally informed invitation letters potential to increase breast screening attendance

## Study objectives

The purpose of trial is to address behavioural patient-centred barriers to breast screening uptake – such as insufficient knowledge about the test, underestimation of the risk of developing cancer, inertia and forgetfulness, or negative feelings associated with the test (fear of pain, of embarrassment, of positive results, etc.).

The key assumption is that a behaviourally- informed invitation letter, compared to standard letters, could increase attendance of routine breast screening appointments. Crucially, the proposed intervention does not interfere with women being able to make free informed choice of whether or not to get screened; it only aims to facilitate the attendance for those who already wish to do so, by removing behavioral obstacles.

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

East Midlands Nottingham 1, ref: 16/EM/0413

## Study design

Multi-centre three-arm randomised controlled trial

## Primary study design

Interventional

## Secondary study design

Randomised controlled trial

## Study setting(s)

GP practice

## Study type(s)

Screening

## Participant information sheet

No participant information sheet available.

## Health condition(s) or problem(s) studied

Behavioural patient-centered barriers

## Interventions

The intervention consists of adapting the invitation letter for routine breast cancer screening appointments sent to eligible women, registered at GP practices in the Greater Manchester area.

**Randomization:** Women who are due to receive a letter will be randomly assigned to one of the three arms of the trial, based on the middle three digits of each invitees' NHS number. This process will be undertaken by Synertec, the company in charge of printing and sending out the invitation letters on behalf of the screening centres. Women will receive either the standard invitation letters that is currently sent by the screening services or one of the two new behaviourally informed letters.

The first intervention letter includes the cost to the NHS of missing a breast screening appointment and encourages women to let the screening service know if they cannot make their appointment. This is motivated by behavioural research showing that people are very sensitive to framing of particular outcome as a loss. In previous trials, including the cost of missed appointment to the NHS in text message reminders helped to significantly reduce non-attendance.

The second intervention letter includes a message which states the date that women from a particular GP practice are being booked appointments until. Behavioural research shows people are sensitive to the feeling of scarcity and limited time availability. Moreover, it has been shown that using a clear deadline helps solve procrastination and self-control problems.

The screening invitation contains all the relevant information about the appointment and of the three letters will be sent alongside the national breast screening leaflet which details the benefits and risks of breast screening, as well as any other information routinely send out by each of the screening services.

## **Intervention Type**

Behavioural

## **Primary outcome measure**

The proportion of women who received appointment letters who go on to attend their appointments at the specified appointment date, time, and location, between when the trial commences and concludes.

## **Secondary outcome measures**

The proportion of women who received appointment letters who go on to rearrange their appointments during the duration of trial

## **Overall study start date**

01/08/2016

## **Completion date**

01/06/2017

# **Eligibility**

## **Key inclusion criteria**

1. Women
2. Aged between 50 and 70
3. Registered with a GP in the four above-mentioned Greater Manchester areas
4. Who are due to be invited for a breast screening appointment during the period of the trial
5. The trial also includes some women who are 48 and 49 or over 70. This is because some

women within this age range are currently being invited to breast screening appointments, as part of a separate nationwide trial that is being run to test the value for money of screening for these other age groups

**Participant type(s)**

Other

**Age group**

Adult

**Sex**

Female

**Target number of participants**

55000

**Key exclusion criteria**

1. Women registered with a GP outside of one of the four Greater Manchester areas
2. Women in GM who are not due to be screened during the period of the trial or not registered with a GP practice
3. Women under 50 years old or over 70 (with the above-mentioned exception of those included within the other NHS trial to test age ranges)
4. Women already diagnosed with cancer and are currently undergoing treatment

**Date of first enrolment**

25/09/2016

**Date of final enrolment**

04/04/2017

**Locations****Countries of recruitment**

England

United Kingdom

**Study participating centre****East Cheshire Trust**

Victoria Rd

Macclesfield

United Kingdom

SK10 3BL

**Study participating centre****University Hospital of South Manchester**

Southmoor Rd

Manchester  
M23 9LT

**Study participating centre**  
**Withington, Wigan, and Leigh Foundation Trust**  
Wigan Lane  
Wigan  
United Kingdom  
WN1 2NN

**Study participating centre**  
**Royal Bolton Foundation Trust**  
Minerva Road  
Bolton  
United Kingdom  
BL4 0JR

## **Sponsor information**

**Organisation**  
Greater Manchester Health & Social Care Partnership

**Sponsor details**  
4th Floor, Three Piccadilly Place  
Manchester  
United Kingdom  
M1 3BN

**Sponsor type**  
Other

## **Funder(s)**

**Funder type**  
Government

**Funder Name**  
Greater Manchester Health & Social Care Partnership

# Results and Publications

## Publication and dissemination plan

Results will be first summarized in a Internal Report. Eventually, these will be further disseminated via Conference Presentation, Publication on Website, Peer reviewed scientific journals.

## Intention to publish date

01/05/2017

## Individual participant data (IPD) sharing plan

## IPD sharing plan summary

Stored in repository

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">HRA research summary</a>			28/06/2023	No	No