

Efficacy of text message intervention for increasing MMR uptake in light of the recent loss of UK's measles-free status

Public Health England (PHE) recommends that children should receive two doses of MMR vaccine, with the first dose at 12 months of age, and the second dose at 3 years and 4 months of age. In 2019, the UK lost its World Health Organization 'measles-free' status, following a 4-year period in which MMR uptake declined.¹ Indeed, 'suboptimal uptake', particularly of the second dose, has been identified as the most important factor by the PHE.² We conducted a full cycle audit of a single practice using a text message intervention, which increased uptake of the MMR vaccine over a 5-month period.

The patient database was searched to determine children aged 3–11 years ($n=1447$) who have received 0, 1, or 2 MMR vaccinations. The lower age boundary was chosen as children are advised to be vaccinated by 3 years and 4 months, prior to commencing school. The upper boundary represented the age within which our practice had permission to send text messages to the respective parents. In August 2019, 8.98% ($n=130$) of patients had only received one MMR vaccination, and 3.73% ($n=54$) of patients had received none. The parents of the 184 patients who were not fully vaccinated were sent a text message stating that the UK is no longer measles free, reminding them to book an appointment for vaccination.

From August 2019 to January 2020, 76 patients from the cohort receiving the text message had contacted the practice to receive one or two MMR vaccinations. Fully vaccinated patients increased from 87.28% ($n=1263$) to 92.47% ($n=1338$).

In the audit period, the population of 3–11-year-olds registered at the practice changed. Our intervention was not implemented for children who turned 3 years old during the audit period, or for newly registered patients ($n=117$). Patients no longer in the age range or who had left the practice ($n=67$) were also not included. Additionally, our audit does not take into account the baseline uptake rate of the MMR vaccination.

In sum, text message interventions

are cost-effective, accessible, and instantaneous for disseminating health information. We recommend the use of text messages for patient notification to improve uptake of the MMR vaccine.

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REFERENCES

1. Wise J. Child vaccination rates drop in England as MMR uptake falls for fourth year. *BMJ* 2018; **362**: <https://www.bmj.com/content/362/bmj.k3967> [accessed 6 Feb 2020].
2. Measles in England. *Public Health Matters* 2019; **19 Aug**: <https://publichealthmatters.blog.gov.uk/2019/08/19/measles-in-england> [accessed 6 Feb 2020].

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Our experience of employing a musculoskeletal practitioner in general practice

We read with interest about physiotherapists as an alternative to GPs.¹ We recognised that the management of musculoskeletal (MSK) problems could be improved in our practice. In 2015, we employed an MSK practitioner to work across three practices (total patient population 26 000). It needed to be cost-effective compared with a GP. The salary of an MSK practitioner is around half

that of a GP's. The MSK practitioner should see at least half the number of patients that a GP sees. These patients should not also see a GP for the same problem. The practitioner should provide direct treatment and reduce referrals to physiotherapy and orthopaedics. We evaluated whether our MSK practitioner achieved this and we believe he did.

In March, April, and May 2018 the practitioner saw 789 patients in 58 4-hour sessions, with an average of 13 patients per session. The average number of visits were 1.25. Sixty-two patients were referred to secondary care (8.2%) and 48 to physiotherapy (6.3%).

An audit of 25 peripheral joint injections found 16 carried out by the MSK practitioner and nine by a GP. There were no complications recorded on follow-up.

A 2019 patient satisfaction survey found that 80% of patients preferred seeing the MSK practitioner to the GP or advanced nurse practitioner. Ninety-five per cent said they would see the practitioner again and recommend him to family and friends.

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REFERENCE

1. Downie F, McRitchie C, Monteith W, Turner H. Physiotherapist as an alternative to a GP for musculoskeletal conditions: a 2-year service evaluation of UK primary care data. *Br J Gen Pract* 2019; DOI: <https://doi.org/10.3399/bjgp19X702245>.

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Deprescribing

Euan Lawson has once again caught the moment with his thoughts and observations.¹ Tackling polypharmacy through deprescribing is certainly to be applauded. As a young partner in the late 1980s I remember being responsible for a small care home. Over a year I worked hard at convincing the patients that they did not need all the drugs they were on. It was a battle and there was some success initially. Over time, through need and the intervention of others, most ended back on