INTRODUCTION: CervicalCheck - The National Cervical Screening Programme offers regular free smear tests to 1.2 million women aged 25-60 years. For the programme to be successful at least 80% of the population should be up to date with their cervical screening. To maximise participation among eligible women and among ‘harder-to-reach’ women, direct programme entry was introduced in year three of the programme. An online eligibility tool was also introduced to make it easier for women to register and participate in CervicalCheck. This tool can be accessed both by women and smear takers. Using the woman’s PPS number and date of birth, the tool confirms the woman’s details including the due date of her next smear test. Consequently this tool integrates service access and subsequent delivery of screening between the national programme, sm additional takers and clients themselves.

Theory/Methods: Access to Google Analytics for the CervicalCheck website was obtained and analyses were performed to determine the activity on the eligibility tool webpage during 2015.

Results: In 2015, there were 909,637 unique visits to the CervicalCheck website, with 197,811 visits to the eligibility tool. This resulted in 37,272 new registrations to the programme (conversion rate 7.5%).

Discussions: Participation in cervical screening reduces the incidence of and mortality from cervical cancer. This innovative IT tool enables women to access their own healthcare record and empowers women to take charge of their own health. The tool is an example of successful integration of access between all parties in the screening process and in addition it provides a link between women and a national health service.

Conclusions: This successful IT tool was developed to support CervicalCheck to achieve population coverage of 80%, which has the potential to reduce the incidence and mortality rates of cervical cancer in Ireland. CervicalCheck will continue to actively monitor the impact of new technology and develop further to improve access to the programme.

Limitations: Access to Google analytics only became available in 2015. This represents a lost opportunity to analyse activity on the CervicalCheck website from the beginning of the
programme (2008). Other innovations need to be explored to facilitate women who may not benefit from the online IT tool, particularly women in older age groups.

**Lessons learned:** A lesson learned was the importance of the location of the self-check eligibility tool on the CervicalCheck webpage. When the tool was first introduced to the webpage it was not located in a prominent position where it could be easily found and usage of the tool was lower than expected. This was rectified by moving the tool to the CervicalCheck homepage where it is instantly visible to users.

**Suggestions for future research:** This work provides baseline data on the usage of the CervicalCheck eligibility tool and an opportunity to analyse its future usage. One avenue for future research is to evaluate the effect of this tool on actual subsequent screening.

**Keywords:** cervical cancer; IT innovation; access; service integration