Public Health England

NHS

Screening KPI data summary factsheets

August 2019 – Issue 8

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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About PHE screening

Screening identifies apparently healthy people who may be at increased risk of a disease or condition, enabling earlier treatment or informed decisions. National population screening programmes are implemented in the NHS on the advice of the UK National Screening Committee (UK NSC), which makes independent, evidence-based recommendations to ministers in the 4 UK countries. PHE advises the government and the NHS so England has safe, high quality screening programmes that reflect the best available evidence and the UK NSC recommendations. PHE also develops standards and provides specific services that help the local NHS implement and run screening services consistently across the country.

www.gov.uk/phe/screening Twitter: @PHE_Screening Blog: phescreening.blog.gov.uk
For queries relating to this document, please contact: phe.screeninghelpdesk@nhs.net

Published August 2019
PHE publications
gateway number: GW-628

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Introduction

This high-level report presents the key performance indicator (KPI) data for all 11 national screening programmes. The NHS screening programmes selected the KPIs to define consistent performance measures for a selection of public health priorities. The KPIs give a high level overview of the quality of screening programmes at key points on the screening pathway. They contribute to the quality assurance of screening programmes but are not, in themselves, sufficient to quality assure or performance manage screening services.

Screening KPIs are contained within the Section 7a agreements between the Department of Health and Social Care (DHSC) and NHS England and in the Public Health Outcomes Framework (PHOF).

This report will focus on the most recent data collected with national comparisons to quarterly performance since 2015 to 2016 where available.

Please note this issue of the factsheet is not re-published if the corresponding KPI data is updated.

Further information

This report should be read in conjunction with the full KPI datasets for Q3 and Q4 2018 to 2019, and the KPI reporting data definitions for 2018 to 2019.

For all information about KPIs, including submission dates, templates and previous quarterly and annual data publications, please see our national data reporting page. Information about screening standards and service specifications are available for each programme.

Please contact the screening helpdesk if you would like further information on screening KPIs: phe.screeninghelpdesk@nhs.net.

Summary dashboard

KPI	Current quarter	% previous quarter	% current quarter	Significant change	Acceptable threshold	Achievable threshold	RAG
ID1	Q4 2018/19	99.7	99.7	→	95.0	99.0	
ID2	Q4 2018/19	88.4	86.2	→	70.0	90.0	
ID3	Q4 2018/19	99.7	99.7	→	95.0	99.0	
ID4	Q4 2018/19	99.7	99.7	→	95.0	99.0	
FA1	Q4 2018/19	98.2	98.2	→	97.0	100	
FA2	Q3 2018/19	98.9	98.9	→	90.0	95.0	
ST1	Q4 2018/19	99.7	99.7	→	95.0	99.0	
ST2	Q4 2018/19	58.9	56.9	↓	50.0	75.0	
ST3	Q4 2018/19	97.8	97.8	→	95.0	99.0	
NB1	Q4 2018/19	97.6	98.1	↑	95.0	99.0	
NB2	Q4 2018/19	2.1	2.2	→	2.0	1.0	
NB4	Q4 2018/19	87.8	87.9	→	95.0	99.0	
NH1	Q4 2018/19	98.7	98.9	↑	98.0	99.5	
NH2	Q4 2018/19	89.8	90.0	→	90.0	95.0	
NP1	Q4 2018/19	96.5	96.7	↑	95.0	99.5	
NP2	Q4 2018/19	66.7	67.0	→	95.0	100	
DE1	Q4 2018/19	83.1	81.9	↓	75.0	85.0	
DE2	Q4 2018/19	98.2	99.1	↑	70.0	95.0	
DE3	Q4 2018/19	77.8	79.5	→	80.0	-	
AA2	Q4 2018/19	61.6	78.0	-	75.0	85.0	
AA3	Q4 2018/19	92.5	93.7	→	85.0	95.0	
AA4	Q4 2018/19	92.9	94.1	→	85.0	95.0	
BCS1	Q4 2018/19	58.2	61.7	↑	52.0	60.0	
BCS2	Q3 2018/19	59.5	59.7	↑	-	-	
BS1	Q4 2018/19	67.7	67.8	→	70.0	80.0	
BS2	Q4 2018/19	86.6	84.8	↓	90.0	100	
CS1	Q4 2018/19	69.1	70.2	↑	80.0	-	
CS2	Q4 2018/19	76.1	76.4	↑	80.0	-	

Summary dashboard explained

The dashboard displays:

- the current quarterly time period
- the national performance of the current quarter and previous quarter
- any significant change (displayed as arrows) from the previous to current quarter
- the acceptable and achievable thresholds
- the red, amber, green (RAG) rating

The thresholds are defined as follows:

The acceptable threshold is the lowest level of performance which screening services are expected to attain. All screening services should exceed the acceptable threshold and agree service improvement plans to meet the achievable threshold. Screening services not meeting the acceptable threshold are expected to put in place recovery plans to deliver rapid and sustained improvement.

The achievable threshold is the level at which the screening service is likely to be running optimally. All screening services should aspire to attain and maintain performance at or above this level.

The RAG rating compares the current quarterly performance to the thresholds. If the performance is below the acceptable threshold is it rated red, if performance is equal to or above the acceptable threshold but below the achievable threshold it is rated amber, and if performance is equal to or above the achievable threshold it is rated green. KPIs DE3, CS1 and CS2 only have the acceptable threshold; therefore only red or green is displayed. BCS2 has no thresholds therefore no RAG rating is applied. The performance percentages displayed are rounded to one decimal point for ease of reading, however the exact values are used when rating performance against the thresholds and to compare performance over time. This may result in rounded figures appearing to be the same as an acceptable or achievable threshold but RAG indicating a lower performance.

The upwards or downwards arrows displayed represent where there has been a significant increase or decrease in national performance (uses the Wilson Score method), or a horizontal arrow showing no significant change. KPI AA2 is an annual indicator, with quarterly data cumulative from Q1 to the current quarter; therefore no significance arrow is applied.

Index of KPIs

Antenatal and newborn

KPI code	KPI name
ID1	Antenatal infectious disease screening – HIV coverage
ID2	Antenatal infectious disease screening – timely assessment of women with hepatitis B
ID3	Antenatal infectious disease screening – hepatitis B coverage
ID4	Antenatal infectious disease screening – syphilis coverage
FA1	Fetal anomaly screening – completion of laboratory request forms
FA2	Fetal anomaly screening – ultrasound coverage
FA3	Fetal anomaly screening – coverage for Down's, Edwards' and Patau's syndromes
ST1	Antenatal sickle cell and thalassaemia screening – coverage
ST2	Antenatal sickle cell and thalassaemia screening – timeliness of test
ST3	Antenatal sickle cell and thalassaemia screening – completion of FOQ
ST4a	Antenatal sickle cell and thalassaemia screening – timely offer of prenatal diagnosis (PND) to women at risk of having an affected infant
ST4b	Antenatal sickle cell and thalassaemia screening – timely offer of prenatal diagnosis (PND) to couples at risk of having an affected infant
NB1	Newborn blood spot screening – coverage (CCG responsibility at birth)
NB2	Newborn blood spot screening – avoidable repeat tests
NB4	Newborn blood spot screening – coverage (movers in)
NH1	Newborn hearing screening – coverage
NH2	Newborn hearing – time from screening outcome to attendance at an audiological assessment appointment
NP1	Newborn and infant physical examination – coverage (newborn)
NP2	Newborn and infant physical examination – timely assessment of developmental dysplasia of the hip (DDH)

Index of KPIs

Young person and adult

KPI code	KPI name
DE1	Diabetic eye screening – uptake of routine digital screening event
DE2	Diabetic eye screening – results issued within 3 weeks of routine digital
DE3	Diabetic eye screening – timely assessment for R3A screen positive
AA2	Abdominal aortic aneurysm screening – coverage of initial screen
AA3	Abdominal aortic aneurysm screening – coverage of annual surveillance screen
AA4	Abdominal aortic aneurysm screening – coverage of quarterly surveillance screen
BCS1	Bowel cancer screening – uptake
BCS2	Bowel cancer screening – coverage
BS1	Breast screening – uptake
BS2	Breast screening – screening round length
CS1	Cervical screening – coverage (under 50)
CS2	Cervical screening – coverage (50 and above)

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Infectious diseases in pregnancy (IDPS) programme

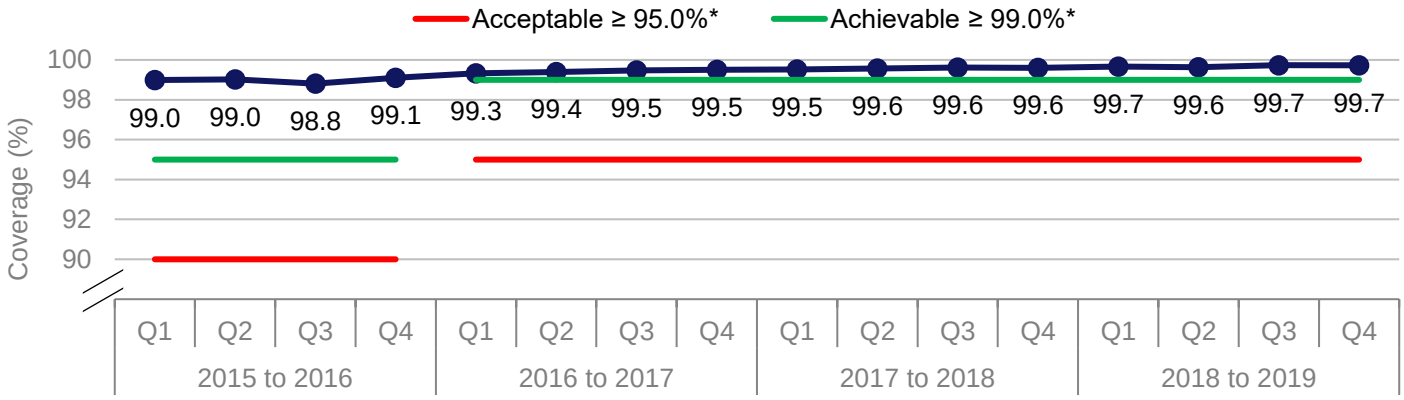
KPI ID1: HIV coverage

National performance of ID1 in Q4 remained above the achievable threshold at 99.7%

145 out of 147 screening providers met the acceptable threshold of 95% (2 providers did not submit)

139 out of 147 screening providers reached the achievable threshold of 99%

National trend data



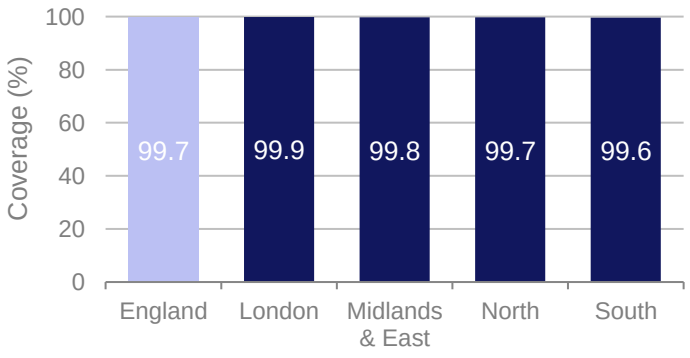
*Thresholds changed in 2016 to 2017

KPI ID1

Reporting period: **Q4 2018 to 2019**
England
- numerator = **175,216**
- denominator = **175,687**
- performance = **99.7%**

Completeness of data: **98.6%**

Quarter 4 performance



KPI ID1 description

The proportion of pregnant women eligible for HIV screening for whom a confirmed screening result is available at the day of report

Reported by: Maternity service

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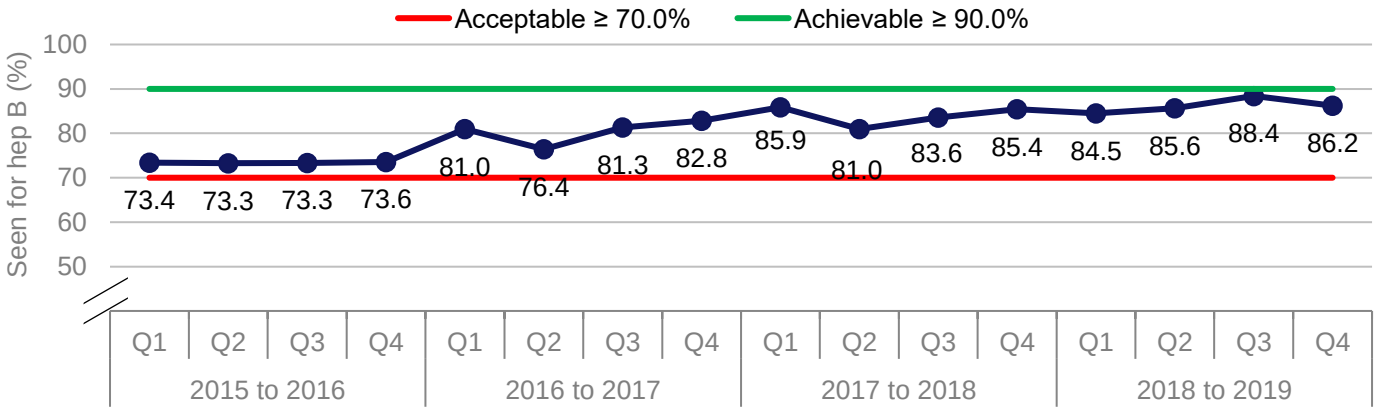
KPI ID2: Timely assessment of women with hepatitis B

Since 2016 to 2017, ID2 counts only women with hepatitis B who are either **newly diagnosed** or known positive with **high infectivity** markers

National performance of ID2 in Q4 was 86.2%, lower than the previous quarter

ID2 is a small number KPI, therefore the data should be interpreted with caution

National trend data

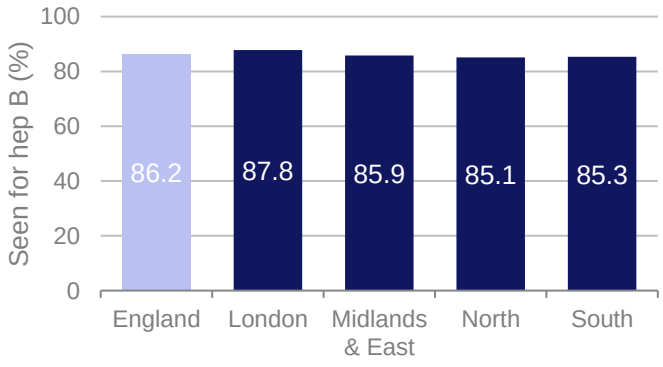


KPI ID2

Reporting period: **Q4 2018 to 2019**
England
- numerator = **213**
- denominator = **247**
- performance = **86.2%**

Completeness of data: **99.3%**

Quarter 4 performance



KPI ID2 description

The proportion of pregnant women who are hepatitis B positive attending for specialist assessment within 6 weeks of the positive result being reported to maternity services

Reported by: Maternity service

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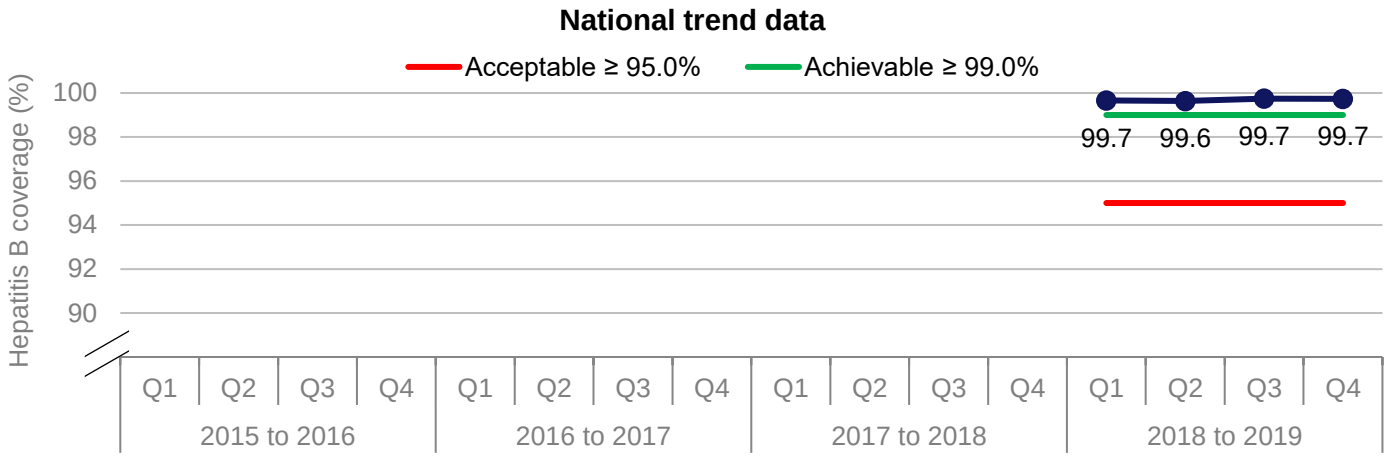
KPI ID3: Hepatitis B coverage

ID3 is a newly published KPI from 2018 to 2019. National performance in Q4 was 99.7%, above the achievable threshold

145 out of 147 screening providers met the acceptable threshold of 95% (2 providers did not submit)

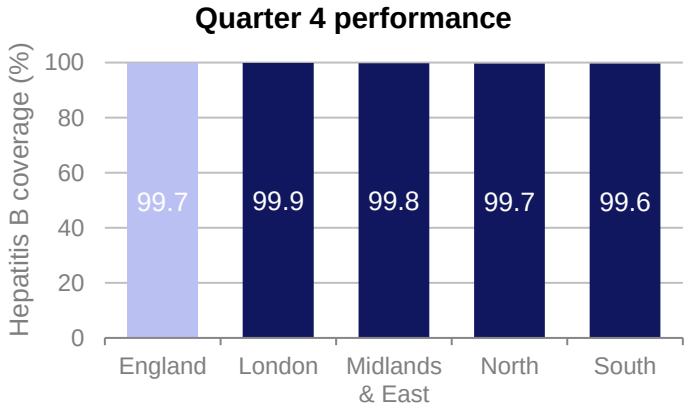
139 out of 147 screening providers reached the achievable threshold of 99%



KPI ID3

Reporting period: **Q4 2018 to 2019**
England
- numerator = **175,233**
- denominator = **175,690**
- performance = **99.7%**

Completeness of data: **98.6%**



KPI ID3 description

The proportion of pregnant women eligible for hepatitis B screening for whom a confirmed screening result is available at the day of report

Reported by: Maternity service

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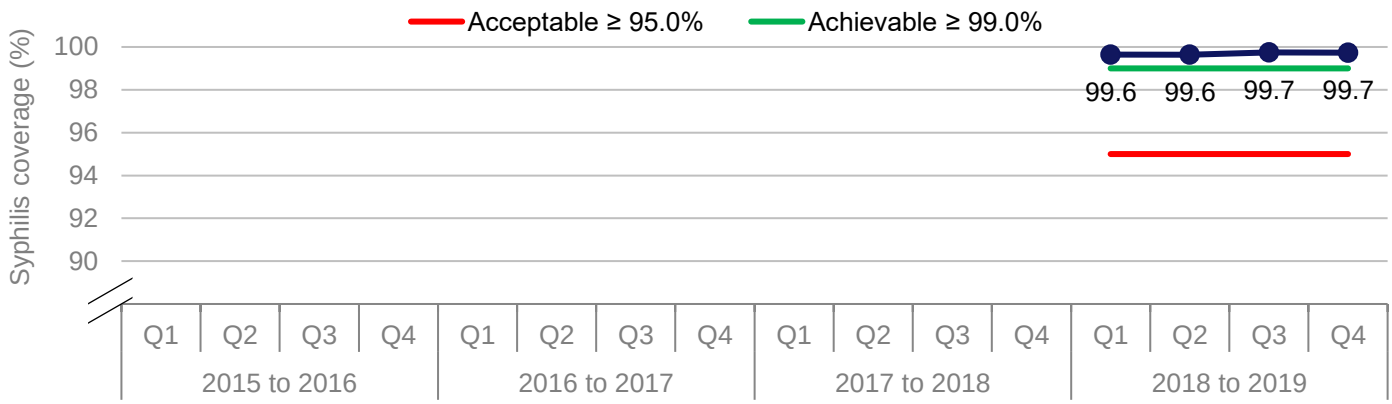
KPI ID4: Syphilis coverage

ID4 is a newly published KPI from 2018 to 2019. National performance in Q4 was 99.7%, above the achievable threshold

145 out of 147 screening providers met the acceptable threshold of 95% (2 providers did not submit)

139 out of 147 screening providers reached the achievable threshold of 99%

National trend data

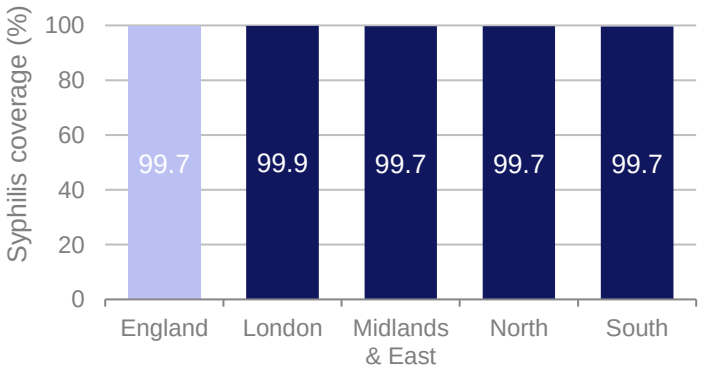


KPI ID4

Reporting period: **Q4 2018 to 2019**
England
- numerator = **175,222**
- denominator = **175,686**
- performance = **99.7%**

Completeness of data: **98.6%**

Quarter 4 performance



KPI ID4 description

The proportion of pregnant women eligible for syphilis screening for whom a confirmed screening result is available at the day of report

Reported by: Maternity service

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Fetal anomaly screening programme (FASP)

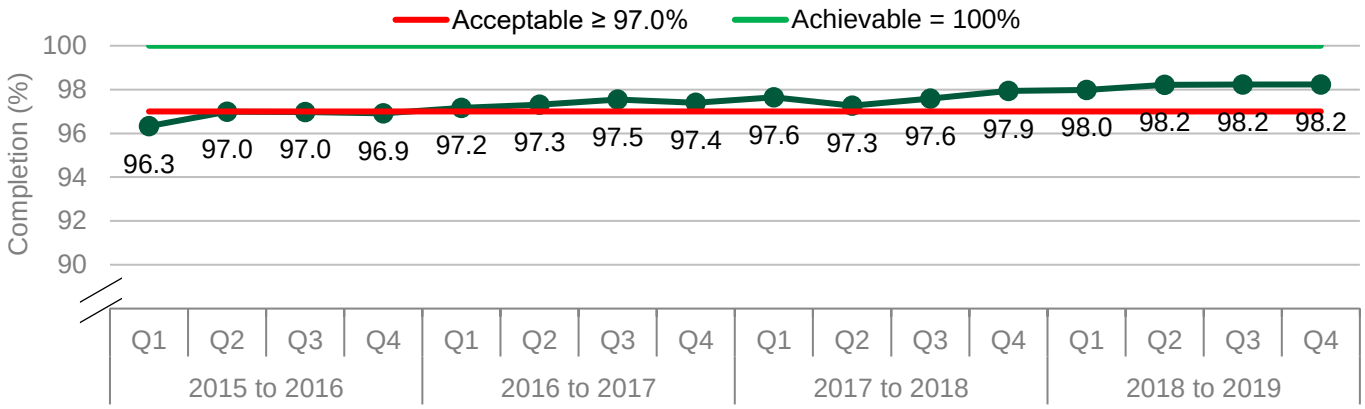
KPI FA1: Completion of laboratory request forms

National performance of FA1 in Q4 remained at its highest ever level at 98.2%

124 out of 147 screening providers met the acceptable threshold of 97% (1 provider did not submit)

6 out of 147 screening providers reached the achievable threshold of 100%

National trend data

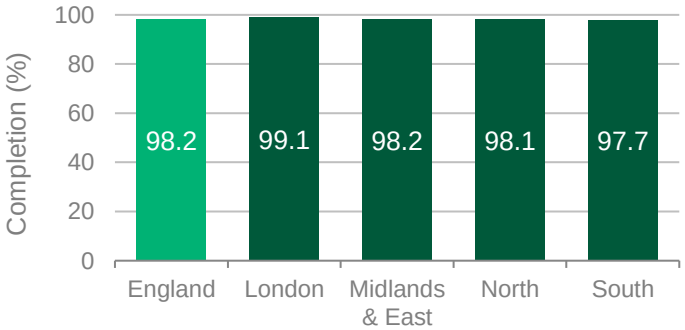


KPI FA1

Reporting period: **Q4 2018 to 2019**
England
- numerator = **127,896**
- denominator = **130,196**
- performance = **98.2%**

Completeness of data: **99.3%**

Quarter 4 performance



KPI FA1 description

The proportion of laboratory request forms including complete data prior to screening analysis, submitted to the laboratory within the recommended timeframe of 10^{+0} to 20^{+0} weeks' gestation

Reported by: Maternity service

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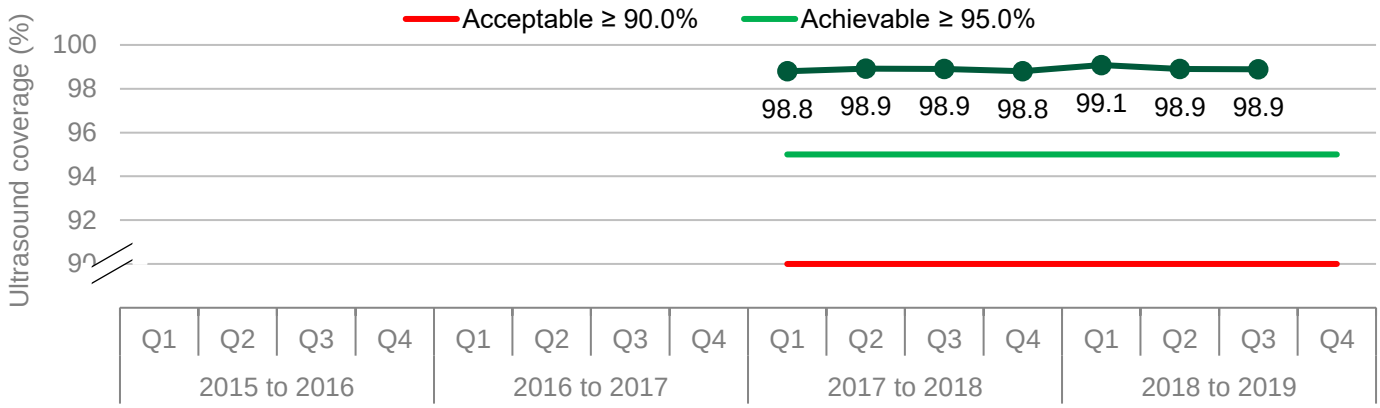
KPI FA2: Ultrasound coverage

National performance of FA2 in Q3 was above the achievable threshold at 98.9%, with 139 out of 147 providers submitting data

133 out of 147 screening providers met the achievable threshold of 95% (8 providers did not submit)

FA2 was introduced in 2016 to 2017 and is collected 2 quarters in arrears

National trend data

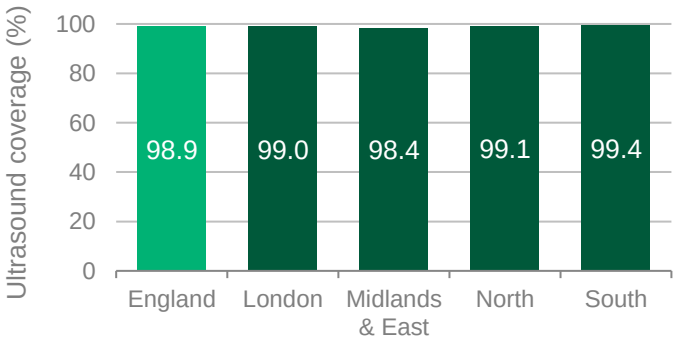


KPI FA2

Reporting period: **Q3 2018 to 2019**
England
- numerator = **139,155**
- denominator = **140,711**
- performance = **98.9%**

Completeness of data: **94.6%**

Quarter 3 performance



KPI FA2 description

The proportion of pregnant women eligible for fetal anomaly ultrasound screening who are tested leading to a conclusive result within the designated timescale

Reported by: Maternity service

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KPI FA3: Coverage for Down's syndrome, Edwards' syndrome and Patau's syndrome

FA3 is a new KPI introduced in 2018 to 2019. New KPIs are not published in the first year of data collection. This time is used to improve the data quality and completeness, by revising the definition, adding clarity and / or setting thresholds as required. After this time PHE Screening will review the data with the aim of publishing it nationally from the following year

KPI FA3 description

The proportion of pregnant women eligible for first trimester combined screening for T21 and T18/T13 for whom a conclusive screening result is available at the day of report

Reported by: Maternity service

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Sickle cell and thalassaemia (SCT) screening programme

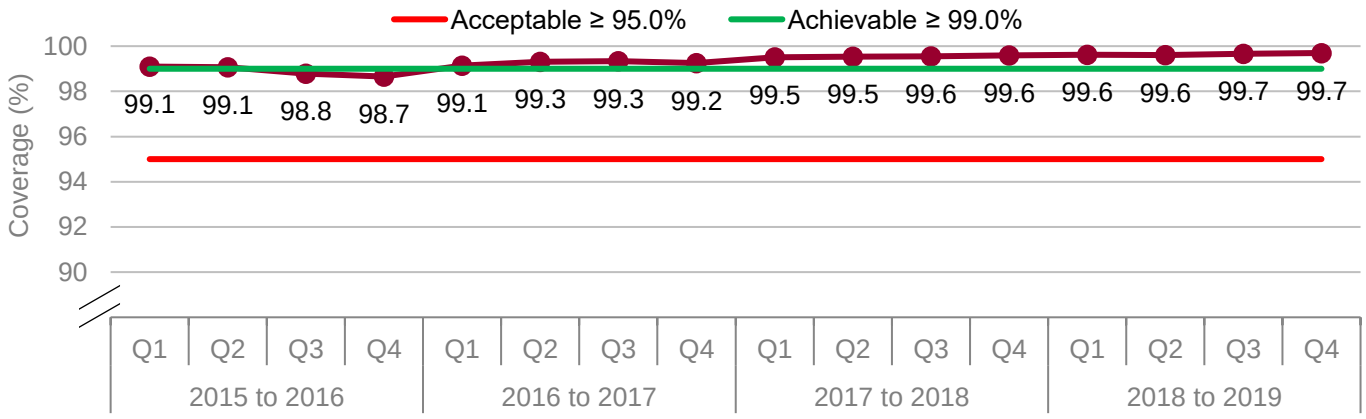
KPI ST1: Coverage

National performance of ST1 in Q4 remained at its highest ever level recorded for this KPI at 99.7%

145 out of 147 screening providers met the acceptable threshold of 95% (2 providers did not submit)

139 out of 147 screening providers reached the achievable threshold of 99%

National trend data

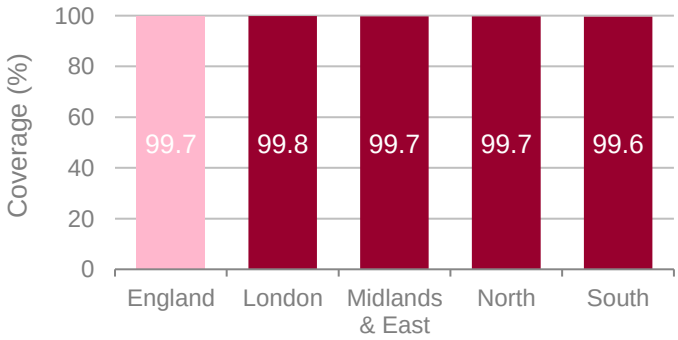


KPI ST1

Reporting period: **Q4 2018 to 2019**
England
- numerator = **175,083**
- denominator = **175,617**
- performance = **99.7%**

Completeness of data: **98.6%**

Quarter 4 performance



KPI ST1 description

The proportion of pregnant women eligible for antenatal sickle cell and thalassaemia screening for whom a screening result is available at the day of report

Reported by: Maternity service

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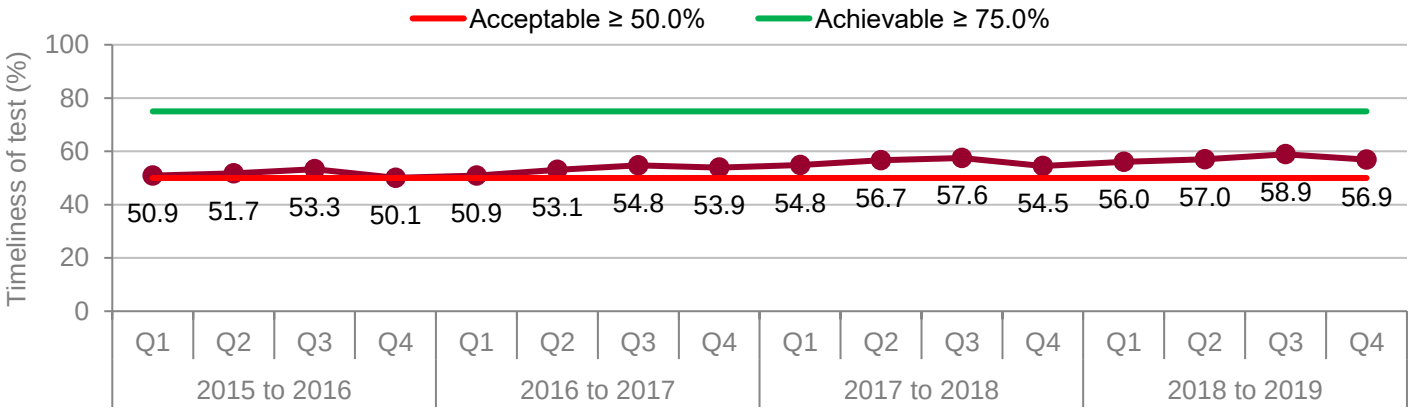
KPI ST2: Timeliness of test

National performance of ST2 in Q4 was 56.9%, lower than the previous 2 quarters

113 out of 147 screening providers met the acceptable threshold of 50% (2 providers did not submit)

12 out of 147 screening providers reached the achievable threshold of 75%

National trend data

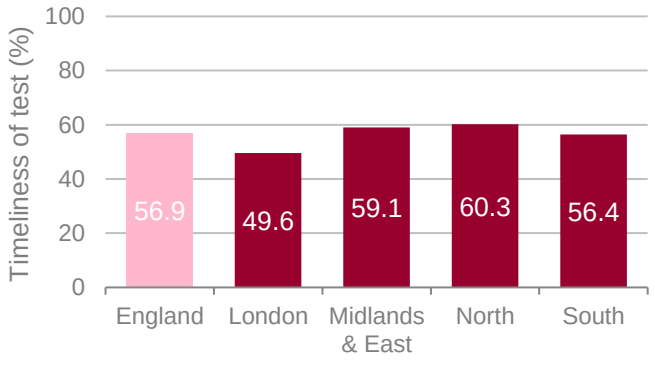


KPI ST2

Reporting period: **Q4 2018 to 2019**
England
- numerator = **101,441**
- denominator = **178,417**
- performance = **56.9%**

Completeness of data: **98.6%**

Quarter 4 performance



KPI ST2 description

The proportion of women having antenatal sickle cell and thalassaemia screening for whom a screening result is available by 10 weeks + 0 days gestation

Reported by: Maternity service

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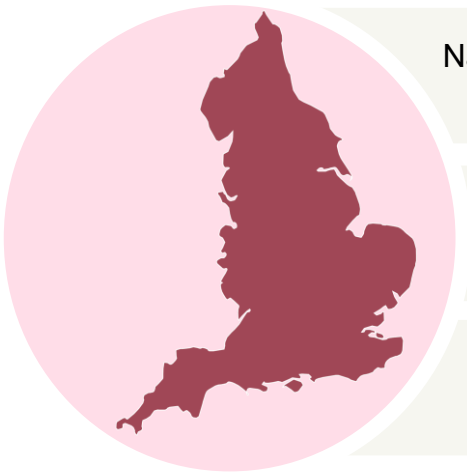
KPI ST3: Completion of FOQ

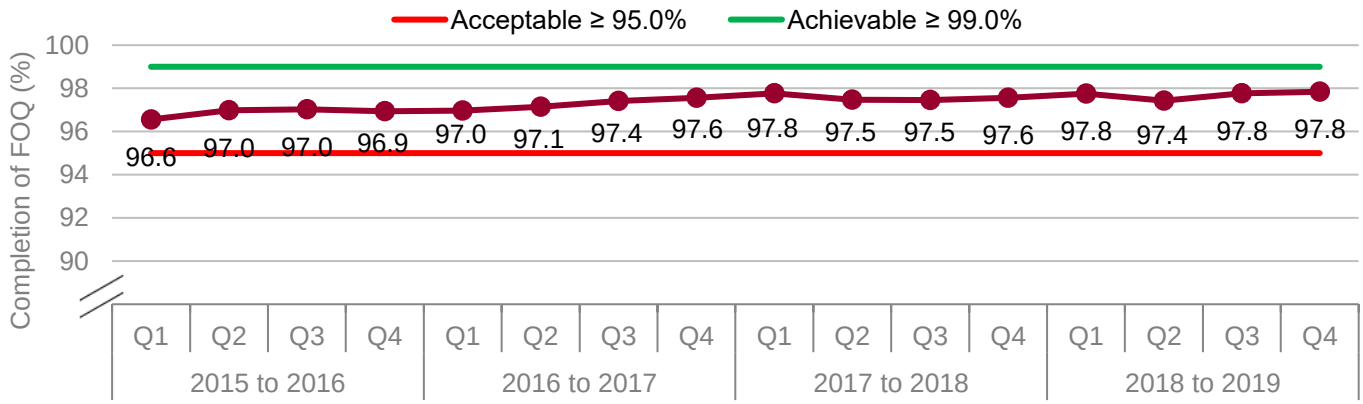


National performance of ST3 in Q4 remained at 97.8%, the same as the previous quarter

131 out of 147 screening providers met the acceptable threshold of 95% (4 providers did not submit)

66 out of 147 screening providers reached the achievable threshold of 99%

National trend data

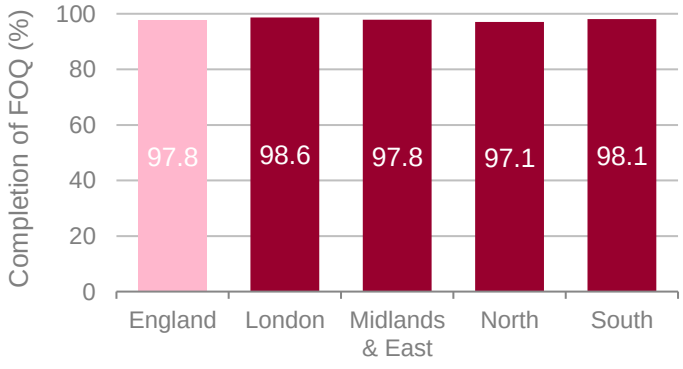


KPI ST3

Reporting period: **Q4 2018 to 2019**
England
- numerator = **172,588**
- denominator = **176,397**
- performance = **97.8%**

Completeness of data: **97.3%**

Quarter 4 performance



KPI ST3 description

The proportion of antenatal sickle cell and thalassaemia samples submitted to the laboratory accompanied by a completed FOQ

Reported by: Maternity service

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KPI ST4a: Timely offer of prenatal diagnosis (PND) to women at risk of having an affected infant

ST4a is a new KPI introduced in 2018 to 2019. New KPIs are not published in the first year of data collection. This time is used to improve the data quality and completeness, by revising the definition, adding clarity and / or setting thresholds as required. After this time PHE Screening will review the data with the aim of publishing it from the following year

KPI ST4a description

The proportion of at risk women offered PND by 12 weeks + 0 days gestation

Reported by: Maternity service

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KPI ST4b: Timely offer of prenatal diagnosis (PND) to couples at risk of having an affected infant

ST4b is a new KPI introduced in 2018 to 2019. New KPIs are not published in the first year of data collection. This time is used to improve the data quality and completeness, by revising the definition, adding clarity and / or setting thresholds as required. After this time PHE Screening will review the data with the aim of publishing it from the following year

KPI ST4b description

The proportion of at risk couples offered PND by 12 weeks + 0 days gestation

Reported by: Maternity service

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Newborn blood spot (NBS) screening programme

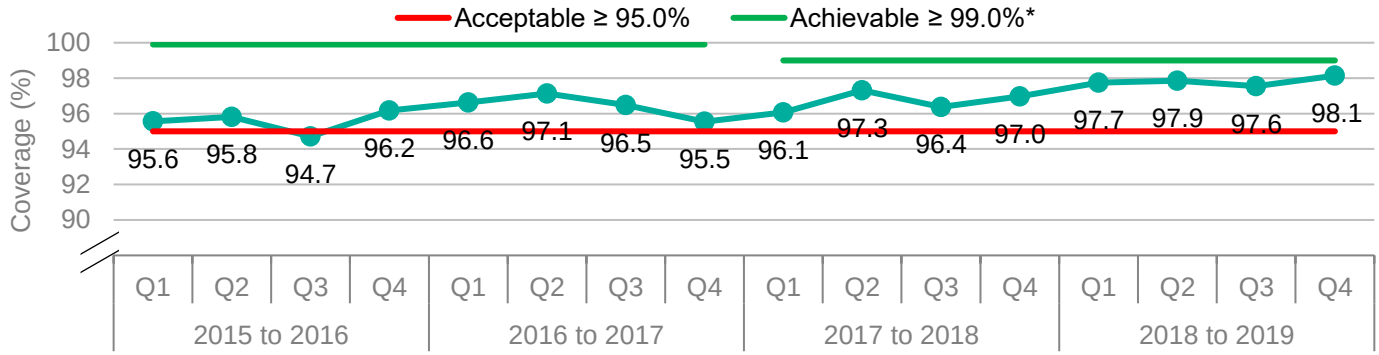
KPI NB1: Coverage (CCG responsibility at birth)

National performance of NB1 in Q4 was 98.1%, the highest ever recorded for this KPI

187 out of 195 CCGs met the acceptable threshold of 95% (3 CCGs did not submit)

72 out of 195 CCGs reached the achievable threshold of 99%

National trend data



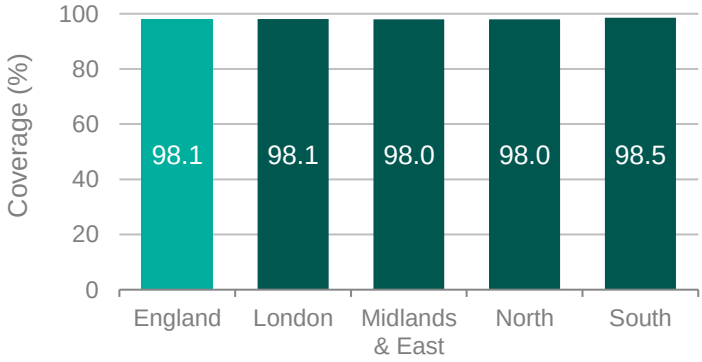
*Achieveable threshold changed in 2017 to 2018

KPI NB1

Reporting period: **Q4 2018 to 2019**
England
- numerator = **136,211**
- denominator = **138,793**
- performance = **98.1%**

Completeness of data: **98.5%**

Quarter 4 performance



KPI NB1 description

The proportion of babies registered within the clinical commissioning group (CCG) both at birth and on the last day of the reporting period who are eligible for newborn blood spot (NBS) screening and have a conclusive result recorded on the child health information system (CHIS) at less than or equal to 17 days of age

Reported by: CCG

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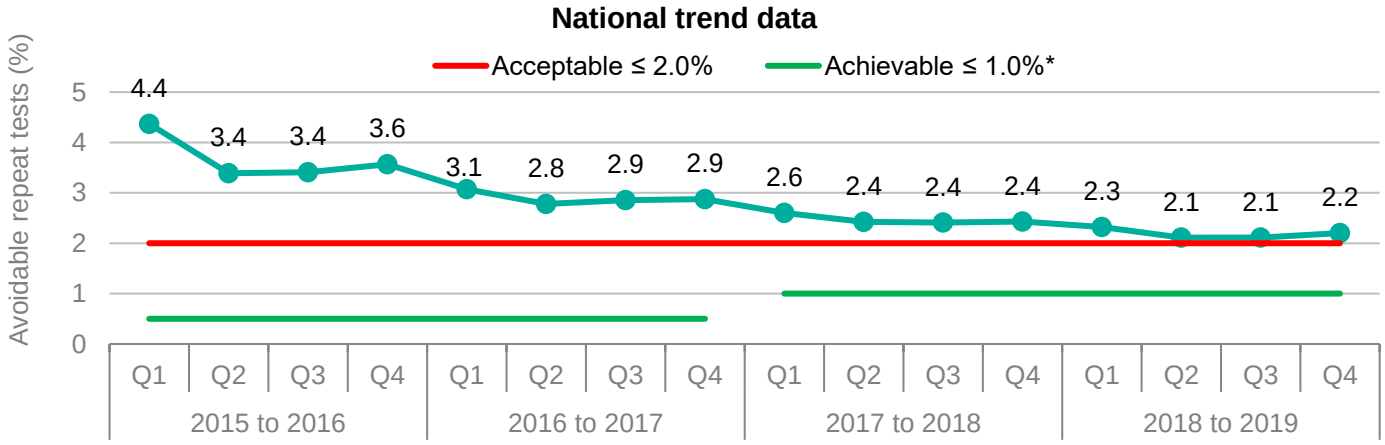
KPI NB2: Avoidable repeat tests

National consensus guidelines for blood spot testing were introduced in April 2015; avoidable repeats increased in 2015 to 2016 but has subsequently reduced

NB2 is a reverse polarity KPI, where a lower performance is better. National performance of NB2 in Q4 was 2.2%, slightly higher than the previous quarter

74 out of 147 screening providers met the acceptable threshold of 2% (1 provider did not submit)

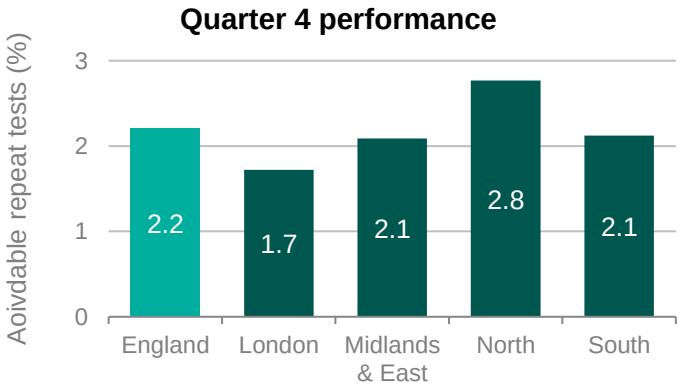


*Achievable threshold changed in 2017 to 2018

KPI NB2

Reporting period: **Q4 2018 to 2019**
England
- numerator = **3,246**
- denominator = **147,272**
- performance = **2.2%**

Completeness of data: **99.3%**



KPI NB2 description

The proportion of first blood spot samples that require repeating due to an avoidable failure in the sampling process

Reported by: Maternity service

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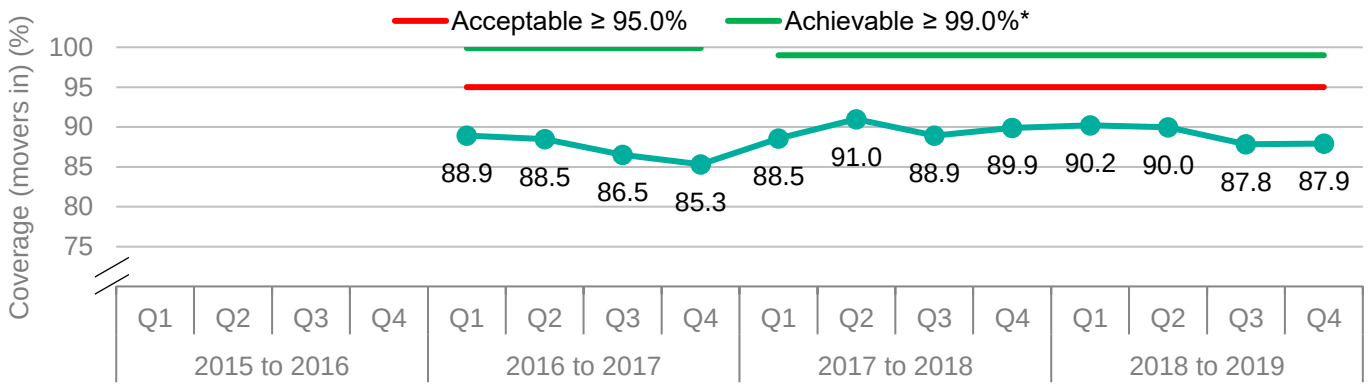
KPI NB4: Coverage (movers in)

2016 to 2017 was the first year of data publication for NB4

National performance of NB4 in Q4 was 87.9%, slightly higher than the previous quarter (3 out of 195 CCGs did not submit)

NB4 is a small number KPI, therefore the data should be interpreted with caution

National trend data



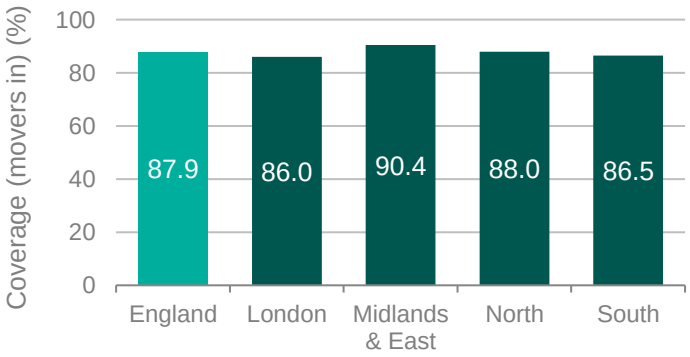
*Achievable threshold changed in 2017 to 2018

KPI NB4

Reporting period: **Q4 2018 to 2019**
England
- numerator = **10,572**
- denominator = **12,024**
- performance = **87.9%**

Completeness of data: **98.5%**

Quarter 4 performance



KPI NB4 description

The proportion of all babies eligible for newborn blood spot (NBS) screening who have changed responsible CCG in the first year of life; or have moved in from another UK country or abroad, and have a conclusive result recorded on the CHIS at less than or equal to 21 calendar days of notifying the CHRD of movement in

Reported by: CCG

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Newborn hearing screening programme (NHSP)

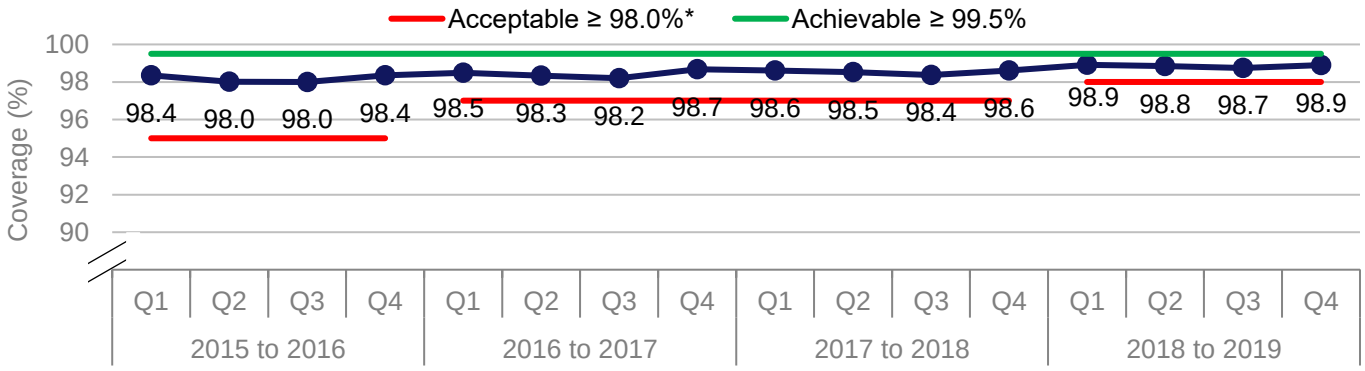
KPI NH1: Coverage

National performance of NH1 increased slightly in Q4 to 98.9%, matching the previous highest recorded level for this KPI

100 out of 109 screening providers met the new acceptable threshold of 98%

34 out of 109 screening providers reached the achievable threshold of 99.5%

National trend data



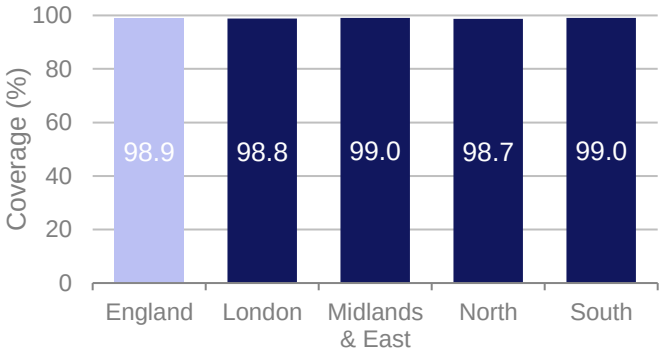
*Threshold changed in 2016 to 2017, and 2018 to 2019

KPI NH1

Reporting period: **Q4 2018 to 2019**
England
- numerator = **144,751**
- denominator = **146,370**
- performance = **98.9%**

Completeness of data: **100%**

Quarter 4 performance



KPI NH1 description

The proportion of babies eligible for newborn hearing screening for whom the screening process is complete by 4 weeks corrected age (hospital programmes: well babies, NICU babies) or by 5 weeks corrected age (community programmes: well babies)

Reported by: Local NHSP site

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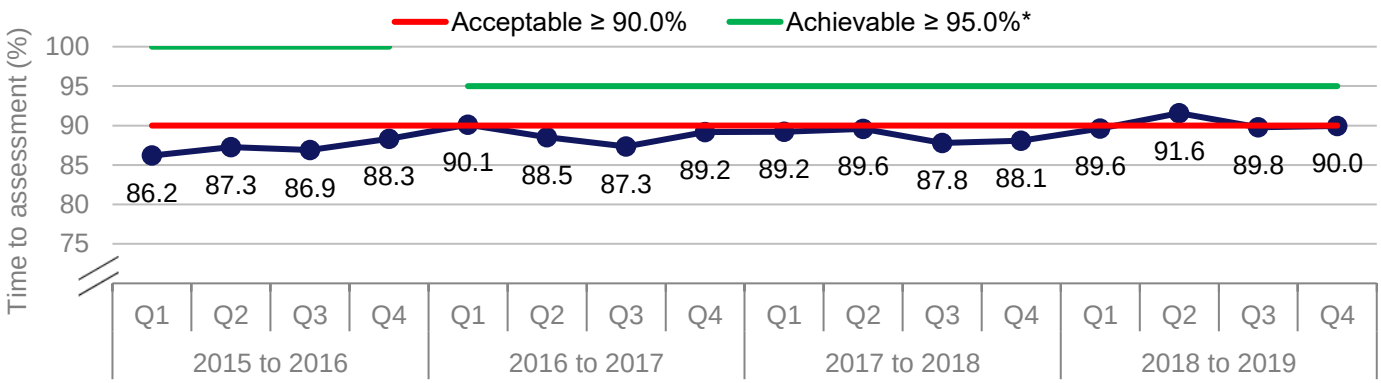
KPI NH2: Time from screening outcome to attendance at an audiological assessment appointment

National performance of NH2 in Q4 was 90.0%, a slight increase compared with the previous quarter

59 out of 109 screening providers met the acceptable threshold of 90%

NH2 is a small number KPI, therefore the data should be interpreted with caution

National trend data

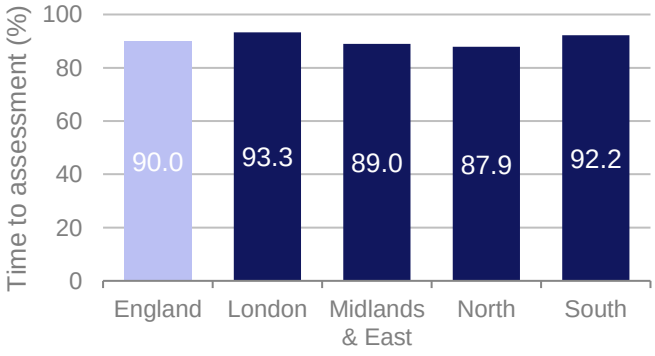


KPI NH2

Reporting period: **Q4 2018 to 2019**
England
- numerator = **3,038**
- denominator = **3,377**
- performance = **90.0%**

Completeness of data: **100%**

Quarter 4 performance



KPI NH2 description

The proportion of babies with a no clear response result in one or both ears or other result that require an immediate onward referral for audiological assessment who receive audiological assessment within the required timescale

Reported by: Local NHSP site

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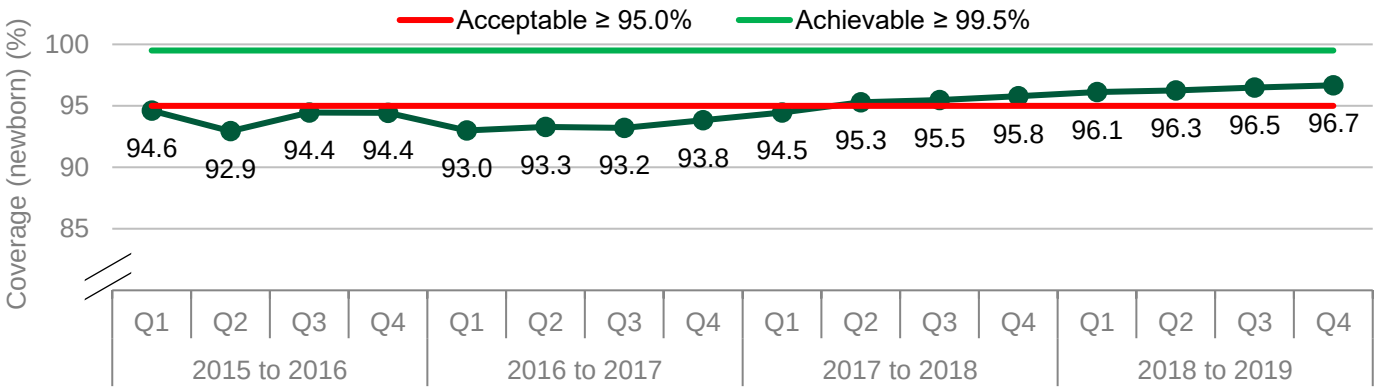
Newborn and infant physical examination (NIPE) screening programme

KPI NP1: Coverage (newborn)

We currently recommend not to use NIPE data as a performance measure because of issues with data quality

National trend data

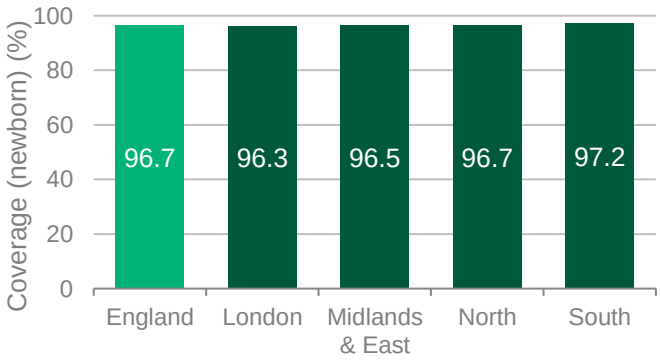


KPI NP1

Reporting period: **Q4 2018 to 2019**
England
- numerator = **141,581**
- denominator = **146,458**
- performance = **96.7%**

Completeness of data: **99.3%**

Quarter 4 performance



KPI NP1 description

The proportion of babies eligible for the newborn physical examination who are tested for all 4 components (3 components in female infants) of the newborn examination within 72 hours of birth

Reported by: Maternity service

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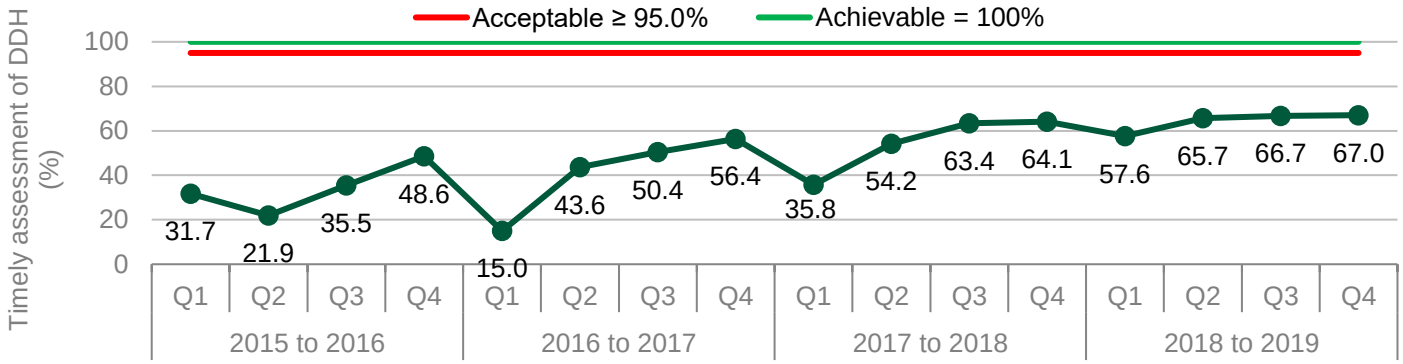
KPI NP2: Timely assessment of developmental dysplasia of the hip

We currently recommend not to use NIPE data as a performance measure because of issues with data quality. NP2 is a small number KPI.

National trend data



KPI NP2

Reporting period: **Q4 2018 to 2019**
England
- numerator = **309**
- denominator = **461**
- performance = **67.0%**

Completeness of data: **99.3%**

Quarter 4 performance

KPI NP2 description

The proportion of babies who have a positive screening test on newborn physical examination and undergo assessment by specialist hip ultrasound within 2 weeks of age

Reported by: Maternity service

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Diabetic eye screening (DES) programme

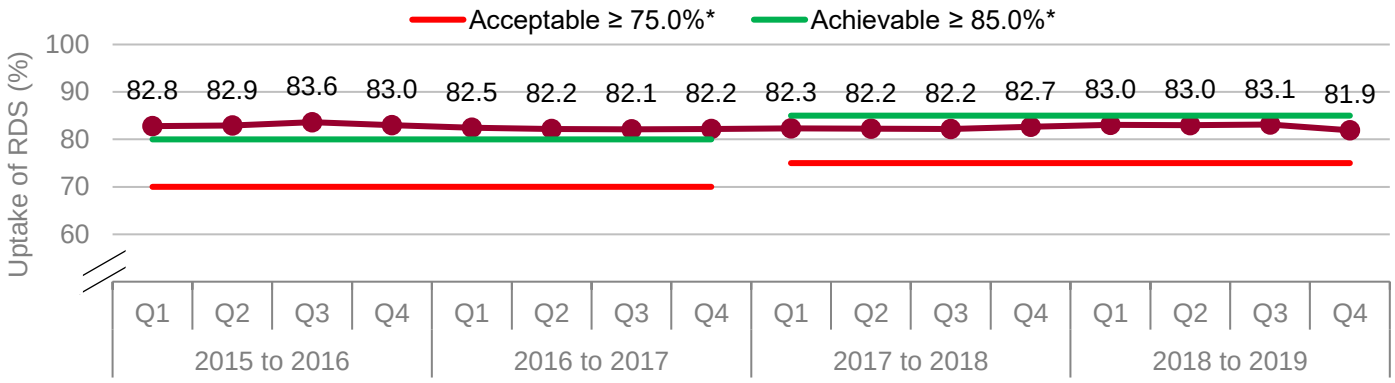
KPI DE1: Uptake of routine digital screening event

National performance of DE1 in Q4 was 81.9%, lower than previous quarters

Data was missing for 7 out of 62 screening providers; 1 did not submit, and 6 were excluded due to data quality issues

53 out of 62 screening providers reached the acceptable threshold of 75%, and 17 providers reached the achievable threshold of 85%

National trend data



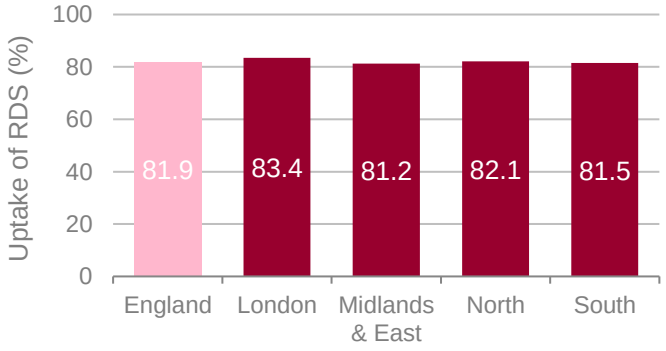
*Thresholds changed in 2017 to 2018

KPI DE1

Reporting period: **Q4 2018 to 2019**
England
- numerator = **1,917,415**
- denominator = **2,340,847**
- performance = **81.9%**

Completeness of data: **88.7%**

Quarter 4 performance



KPI DE1 description

The proportion of those offered routine digital screening who attend a digital screening event where images are captured

Reported by: Local DES service

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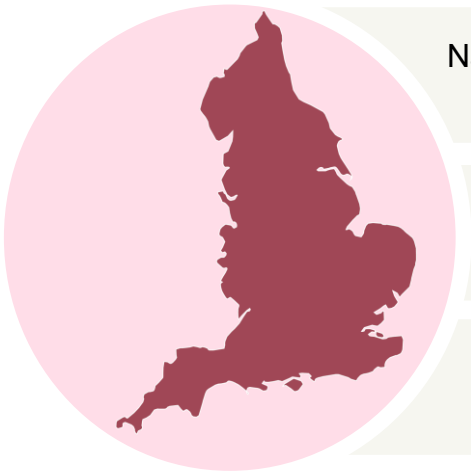
KPI DE2: Results issued within 3 weeks of routine digital screening, digital surveillance or slit lamp biomicroscopy

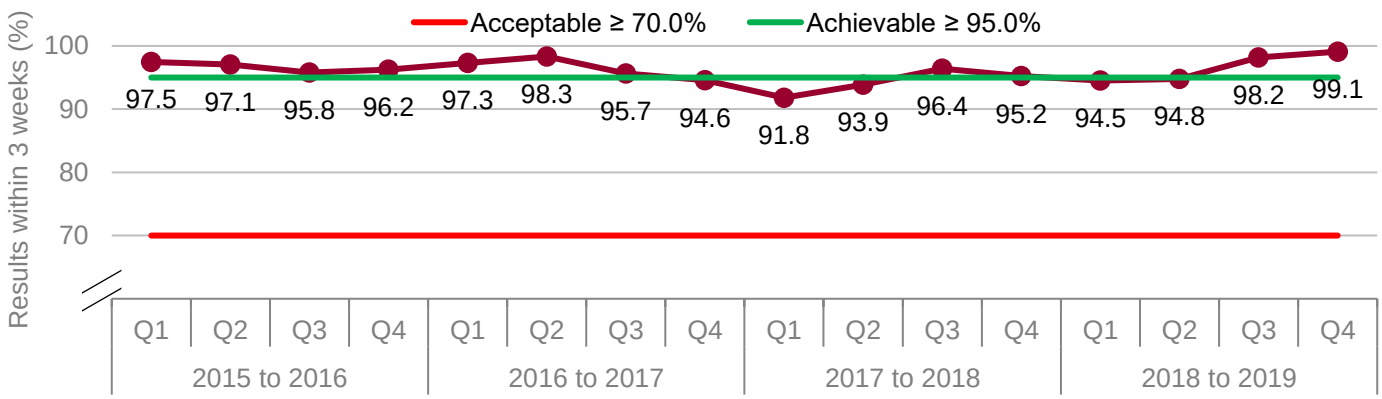


National performance of DE2 in Q4 was 99.1%, the highest ever recorded level for this KPI

61 out of 62 screening providers met the acceptable threshold of 70% (1 provider did not submit)

57 out of 62 screening providers reached the achievable threshold of 95%

National trend data

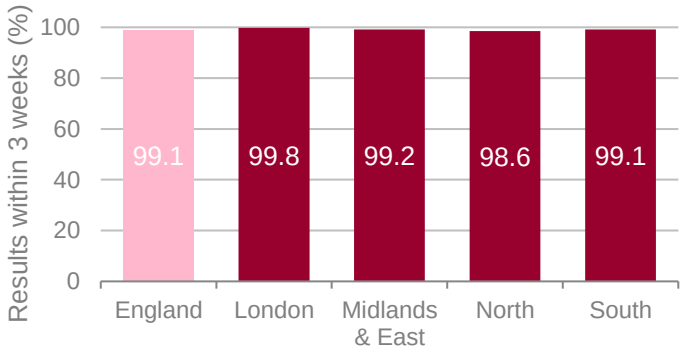


KPI DE2

Reporting period: **Q4 2018 to 2019**
England
- numerator = **684,422**
- denominator = **690,678**
- performance = **99.1%**

Completeness of data: **98.4%**

Quarter 4 performance



KPI DE2 description

The proportion of subjects attending for diabetic eye screening, digital surveillance or slit lamp biomicroscopy to whom results were issued within 3 weeks of the screening event

Reported by: Local DES service

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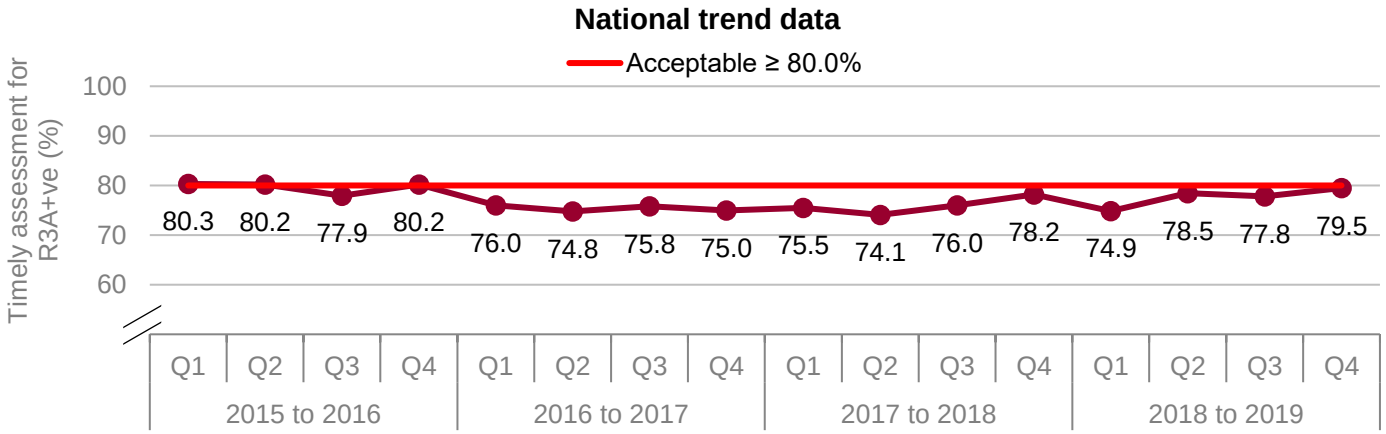
KPI DE3: Timely assessment for R3A screen positive

National performance of DE3 in Q3 was 79.5%, just below the acceptable threshold of 80%, but the highest quarterly performance in the last 3 years

34 out of 62 screening providers met the acceptable threshold of 80% (1 provider did not submit)

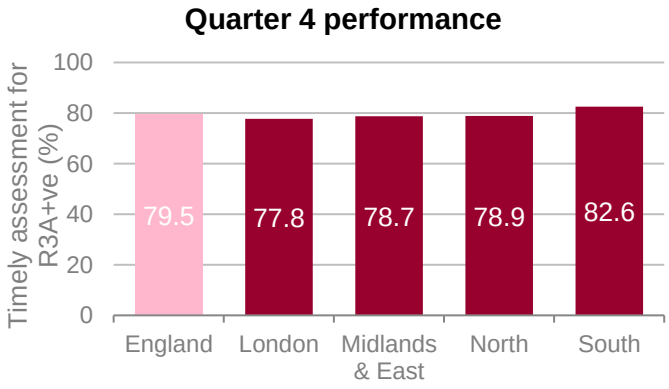
DE3 is a small number KPI, therefore the data should be interpreted with caution



KPI DE3

Reporting period: **Q4 2018 to 2019**
England
- numerator = **1,901**
- denominator = **2,392**
- performance = **79.5%**

Completeness of data: **98.4%**



KPI DE3 description

The proportion of screen positive subjects with referred proliferative (R3A) diabetic retinopathy attending for assessment within 6 weeks of their screening event from all diabetic eye screening pathways

Reported by: Local DES service

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Abdominal aortic aneurysm (AAA) screening programme

KPI AA2: Coverage of initial screen

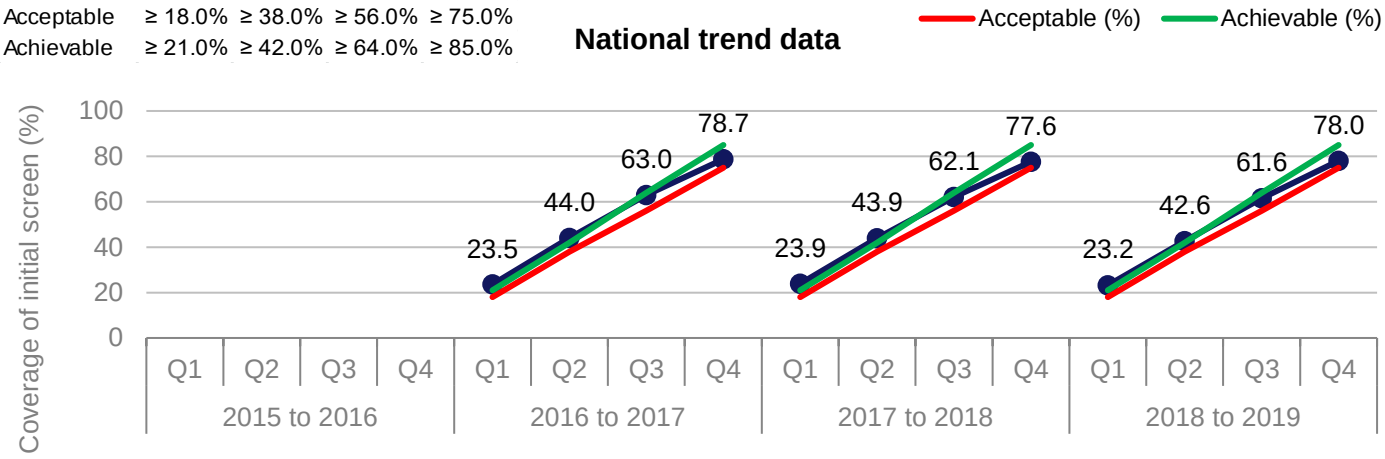
2016 to 2017 was the first year of data publication for AA2. AA2 is an annual indicator, quarterly figures are cumulative from Q1 to the current quarter

The performance thresholds for AA2 increase on a quarterly basis in order to best reflect the nature of the local screening service call to screening

National performance of AA2 in Q4 was above the acceptable threshold at 78.0%. 33 out of 39 screening providers met the acceptable threshold of 75%

	Q1	Q2	Q3	Q4
Acceptable	≥ 18.0%	≥ 38.0%	≥ 56.0%	≥ 75.0%
Achievable	≥ 21.0%	≥ 42.0%	≥ 64.0%	≥ 85.0%

National trend data



KPI AA2

Reporting period: **Q4 2018 to 2019**
England
- numerator = **228,473**
- denominator = **292,964**
- performance = **78.0%**

Completeness of data: **100%**

Quarter 4 performance

KPI AA2 description

The proportion of men eligible for abdominal aortic aneurysm screening who are conclusively tested

Reported by: Local AAA screening service

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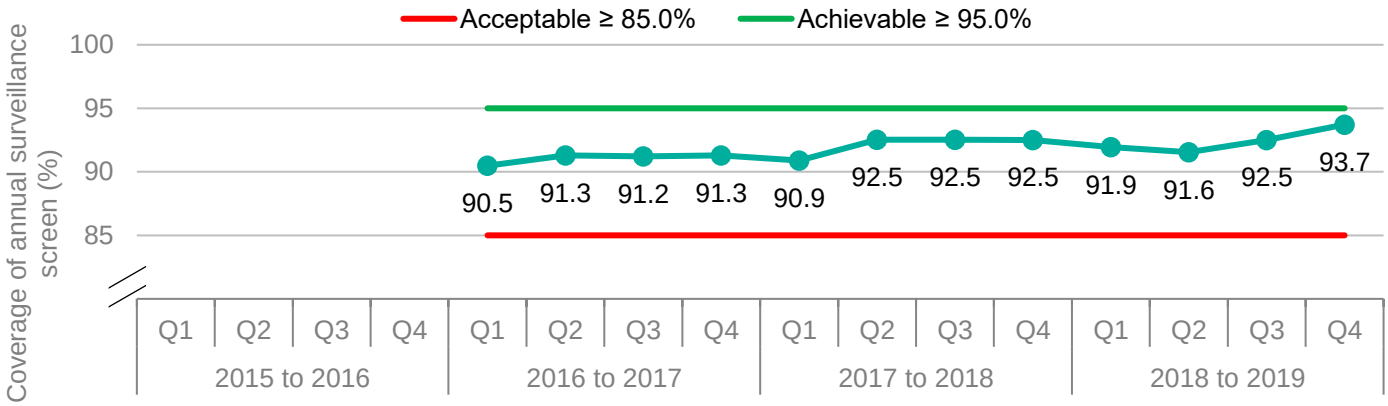
KPI AA3: Coverage of annual surveillance screen

2016 to 2017 was the first year of data publication for AA3

National performance of AA3 in Q4 was 93.7%, the highest ever level recorded for this KPI

38 out of 39 providers met the acceptable threshold of 85% and 17 providers met the achievable threshold of 95%

National trend data



KPI AA3

Reporting period: **Q4 2018 to 2019**
England
- numerator = **3,029**
- denominator = **3,232**
- performance = **93.7%**

Completeness of data: **100%**

Quarter 4 performance

KPI AA3 description

The proportion of annual surveillance appointments due where there is a conclusive test within 6 weeks of the due date

Reported by: Local AAA screening service

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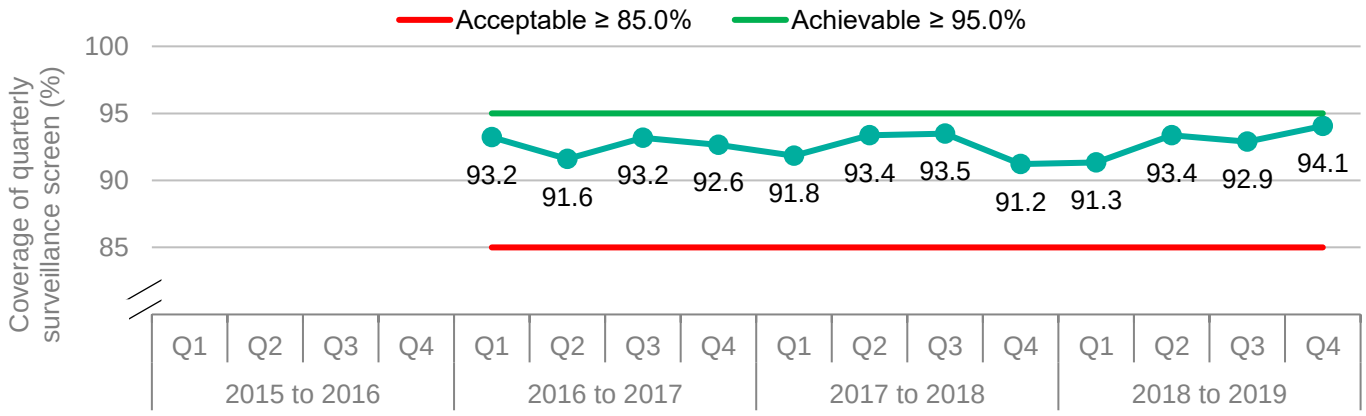
KPI AA4: Coverage of quarterly surveillance screen

2016 to 2017 was the first year of data publication for AA4

National performance of AA4 in Q4 was 94.1%, the highest ever level recorded for this KPI

All 39 providers met the acceptable threshold of 85% and 19 providers met the achievable threshold of 95%

National trend data



KPI AA4

Reporting period: **Q4 2018 to 2019**
England
- numerator = **2,279**
- denominator = **2,423**
- performance = **94.1%**

Completeness of data: **100%**

Quarter 4 performance

KPI AA4 description

The proportion of quarterly surveillance appointments due where there is a conclusive test within 4 weeks of the due date

Reported by: Local AAA screening service

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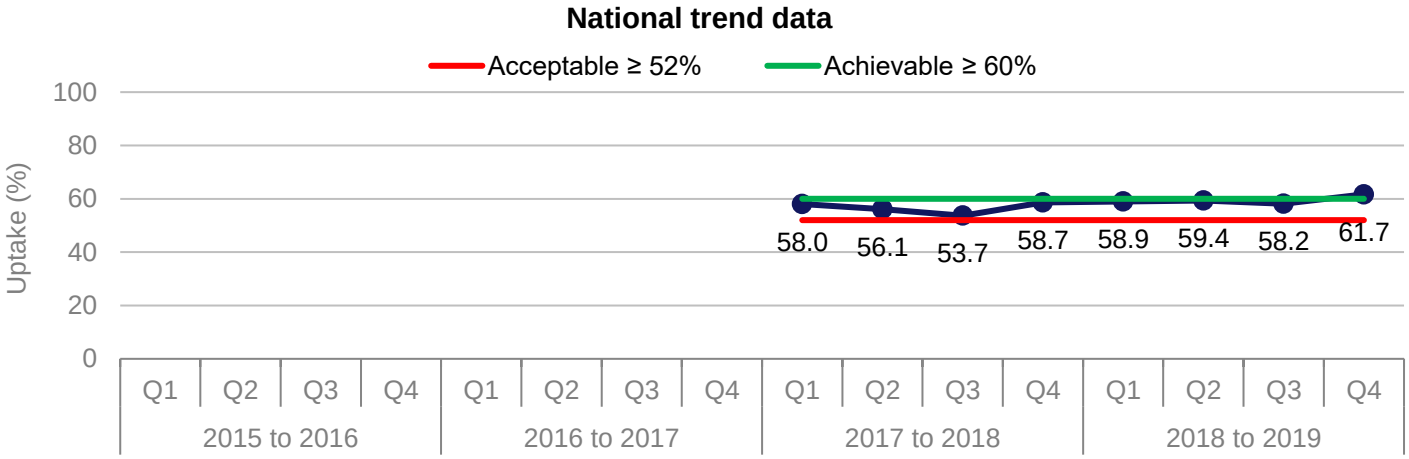
Bowel cancer screening programme (BCSP)

KPI BCS1: Uptake

2017 to 2018 was the first year of data publication for BCS1

National performance of BCS1 in Q4 was 61.7%, the highest level of this KPI since quarterly publication began, and above the achievable threshold of 60%

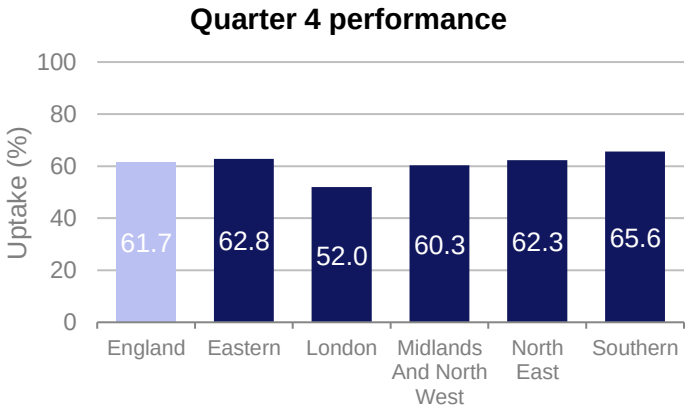
59 out of 64 screening providers met the acceptable threshold of 52%



KPI BCS1

Reporting period: **Q4 2018 to 2019**
England
- numerator = **715,921**
- denominator = **1,161,227**
- performance = **61.7%**

Completeness of data: **100%**



KPI BCS1 description

The proportion of eligible men and women aged 60 to 74 years invited to participate in bowel cancer screening who adequately participate

Reported by: Local screening centre (also by CCG in the data publication)

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KPI BCS2: Coverage

2017 to 2018 was the first year of data publication for BCS2 and is available 6 months in arrears

National performance of BCS2 at Q3 was 59.7%, slightly higher than the previous quarter. There are no thresholds set for this KPI.

Coverage ranged from 50.9% in London to 62.3% in the South

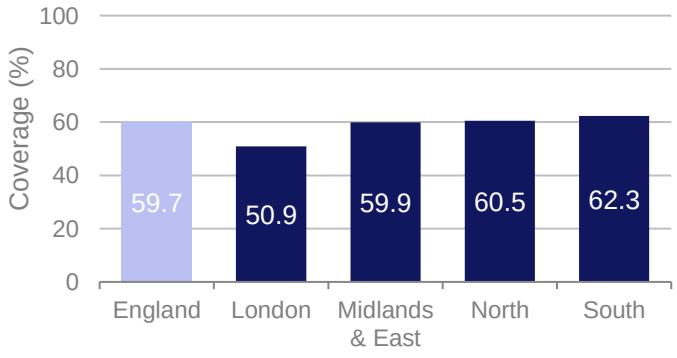
National trend data

KPI BCS2

Reporting period: **Q3 2018 to 2019**
England
- numerator = **4,873,098**
- denominator = **8,156,899**
- performance = **59.7%**

Completeness of data: **100%**

Quarter 3 performance



KPI BCS2 description

The proportion of eligible men and women aged 60 to 74 years invited for screening who have had an adequate faecal occult blood test (FOBt) screening result in the previous 30 months

Reported by: Local authority

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Breast screening programme (BSP)

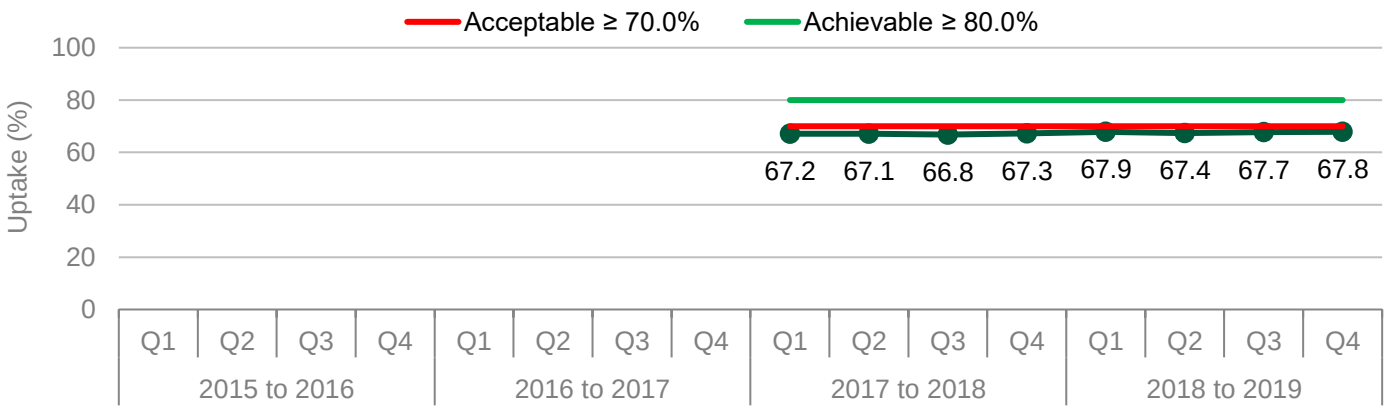
KPI BS1: Uptake

2017 to 2018 was the first year of data publication for BS1. Quarterly data is considered provisional, annual data is definitive

National performance of BS1 in Q4 was 67.8%, slightly higher than the previous quarter, but still below the acceptable threshold of 70%

39 out of 78 screening providers reached the acceptable threshold; one provider met the achievable threshold of 80%

National trend data

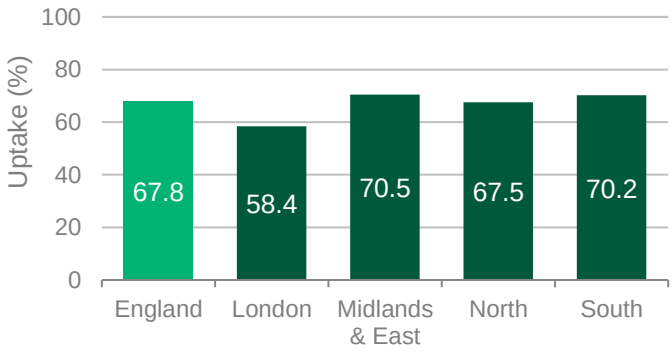


KPI BS1

Reporting period: **Q4 2018 to 2019**
England
- numerator = **452,960**
- denominator = **667,837**
- performance = **67.8%**

Completeness of data: **100%**

Quarter 4 performance



KPI BS1 description

The proportion of eligible women invited who attend for screening

Reported by: Local screening service

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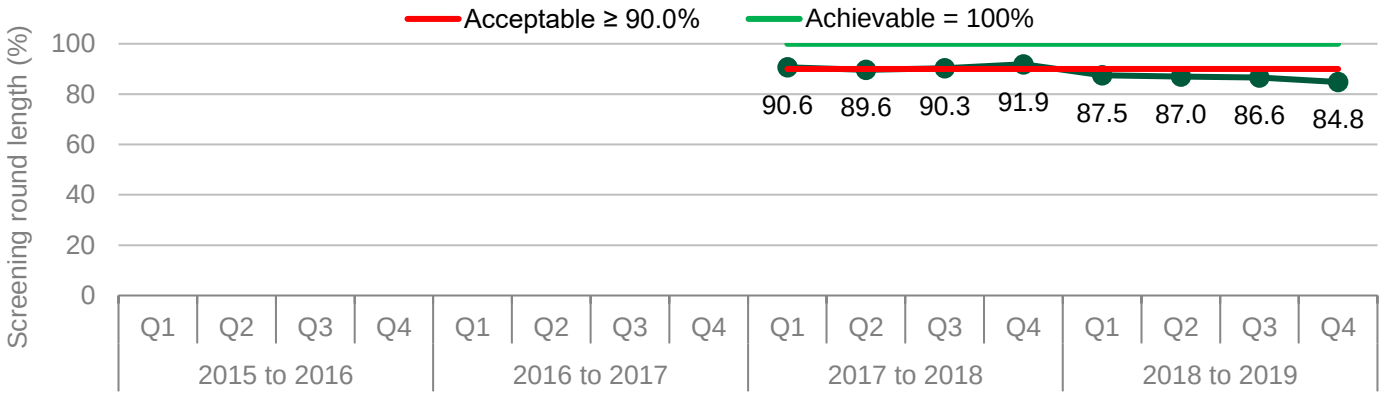
KPI BS2: Screening round length

2017 to 2018 was the first year of data publication for BS2

National performance of BS2 in Q4 was 84.8%, below the acceptable threshold of 90%

53 out of 78 screening providers reached the acceptable threshold; no providers met the achievable threshold

National trend data



KPI BS2

Reporting period: **Q4 2018 to 2019**
England
- numerator = **424,104**
- denominator = **500,090**
- performance = **84.8%**

Completeness of data: **100%**

Quarter 4 performance

KPI BS2 description

The proportion of eligible women whose date of first offered appointment is within 36 months of their previous screen. Women being screened for the first time will not be included in screening round length statistics

Reported by: Local screening service

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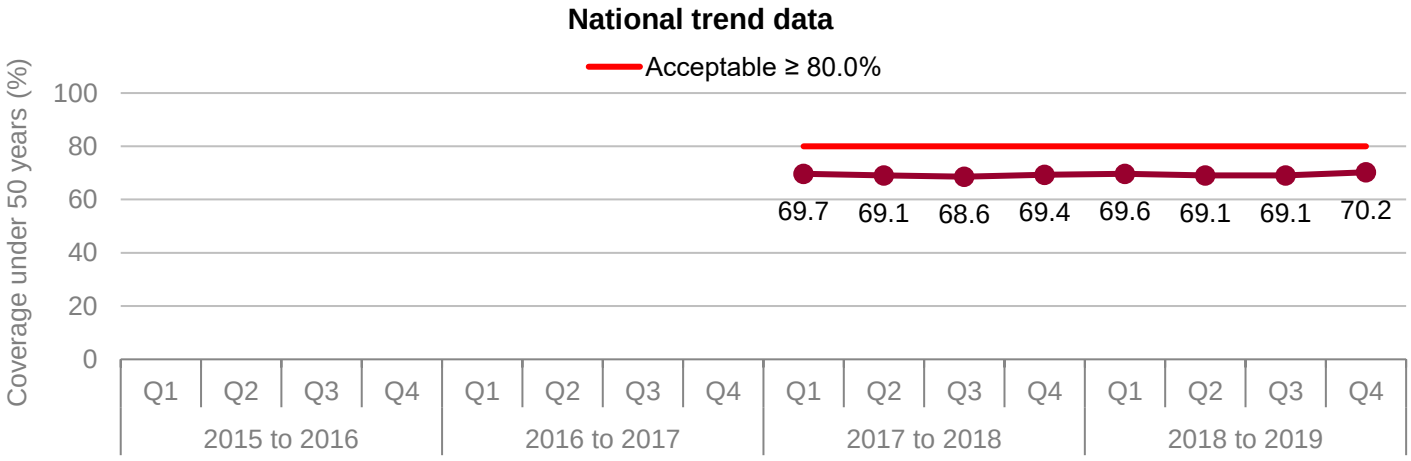
Cervical screening programme (CSP)

KPI CS1: Coverage (under 50 years)

2017 to 2018 was the first year of data publication for CS1

National performance of CS1 in Q4 was 70.2%, the highest level of this KPI since quarterly publication began

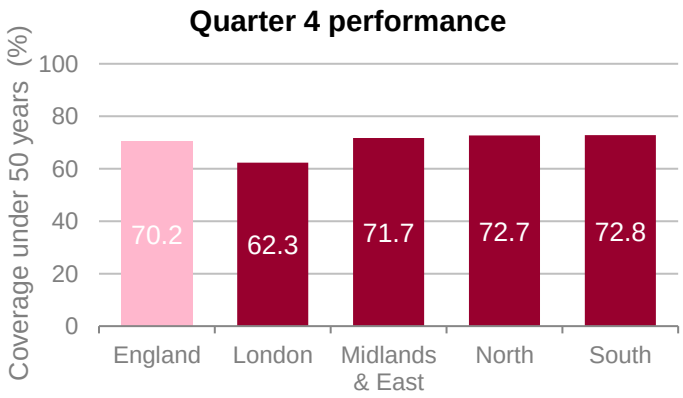
Two out of 195 CCGs met the acceptable threshold of 80%



KPI CS1

Reporting period: **Q4 2018 to 2019**
England
- numerator = **7,107,408**
- denominator = **10,117,680**
- performance = **70.2%**

Completeness of data: **100%**



KPI CS1 description

The proportion of women in the resident population eligible for cervical screening aged 25 to 49 years at end of period reported who were screened adequately within the previous 3.5 years

Reported by: CCG

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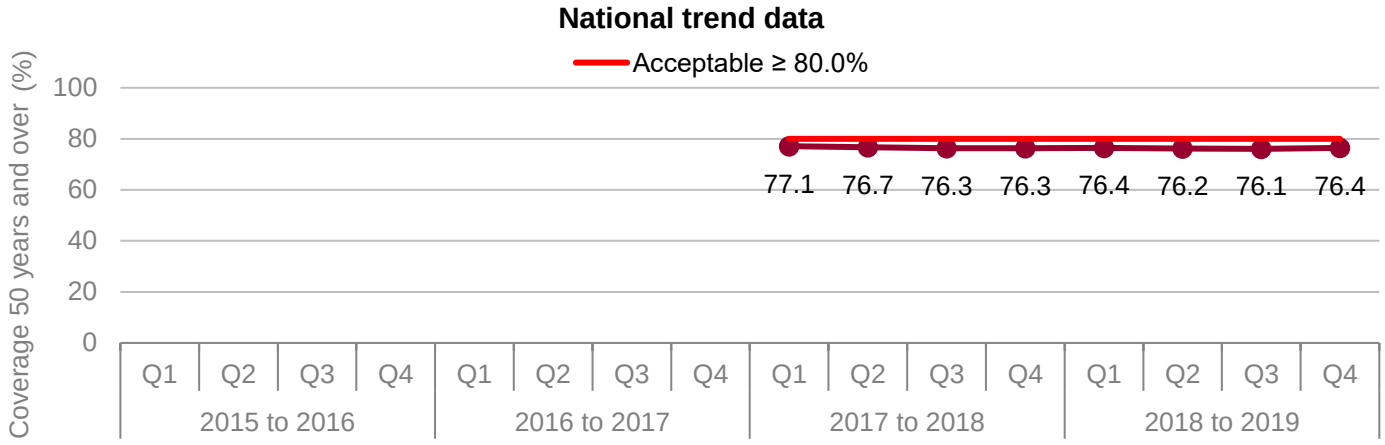
KPI CS2: Coverage (50 years and above)

2017 to 2018 was the first year of data publication for CS2

National performance of CS2 in Q4 was 76.4%, higher than the previous quarter but still below the acceptable threshold of 80%

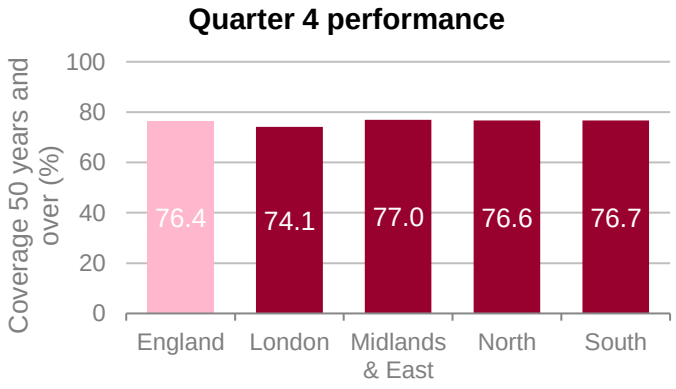
6 out of 195 CCGs met the acceptable threshold



KPI CS2

Reporting period: **Q4 2018 to 2019**
England
- numerator = **3,787,008**
- denominator = **4,957,728**
- performance = **76.4%**

Completeness of data: **100%**



KPI CS2 description

The proportion of women in the resident population eligible for cervical screening aged 50 to 64 years at end of reported period who were screened adequately within the previous 5.5 years

Reported by: CCG