



Public Health  
England



# **Professional Briefing for PHE and NHS England Screening KPIs Q1 2016 to 2017**

**Public Health England leads the NHS Screening Programmes**

## 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-class 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 are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

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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 better 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 four UK countries. The Screening Quality Assurance Service ensures programmes are safe and effective by checking that national standards are met. PHE leads the NHS Screening Programmes and hosts the UK NSC secretariat.

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## Background

The NHS Screening Programmes selected the key performance indicators (KPIs) to define consistent performance measures for a selection of public health priorities. We collect them quarterly and make the data available to the public. 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.

The reporting focus varies across screening indicators between provider level, screening programme and clinical commissioning groups (CCGs). For more details, including collection methods, submission dates, templates and data definitions, please see: [www.gov.uk/government/collections/nhs-screening-programmes-national-data-reporting](http://www.gov.uk/government/collections/nhs-screening-programmes-national-data-reporting)

Please contact the screening helpdesk if you would like further information on screening KPIs. Email: [phe.screeninghelpdesk@nhs.net](mailto:phe.screeninghelpdesk@nhs.net). Telephone: 020 3682 0890.

See Appendix 1 for KPI acronyms and descriptions.

## Executive summary

This is the first of our professional briefing reports for the KPIs in 2016 to 2017. This high-level report will focus on Q1 (1 April to 30 June 2016) data with a comparison to performance in the previous three quarters (since July 2015).

Over the last year we have focused on improving the timeliness of KPI submissions and reporting. We have also been working to improve data completeness and quality, in particular for the antenatal coverage KPIs. Work is ongoing between the national screening data and information team, national programmes, national and regional screening quality assurance services (SQAS), screening and immunisation teams, and screening providers.

This report should be read in conjunction with the full [KPI dataset for Q1 2016 to 2017](#), and the [KPI reporting data definitions for 2016 to 2017](#).

There have been a number of changes to the KPIs for 2016 to 2017, which should be taken into consideration whilst reading this report:

- the performance thresholds for the following KPIs have changed: ID1, ST3, NH1 and NH2
- after collection of quarterly data and monitoring of completeness and quality, we are now publishing the KPI data for NB4 (newborn blood spot screening – coverage for movers in)
- we have introduced three new KPIs in 2016 to 2017; three different coverage indicators for abdominal aortic aneurysm (AAA) screening
- we are also collecting quarterly data on a new KPI for fetal anomaly screening for coverage of the 18<sup>+0</sup> to 20<sup>+6</sup> week ultrasound. We will collect this internally throughout 2016 to 2017 to assess data completeness and quality; the data will be published in 2017 to 2018
- we have updated the geographical boundaries for regions, sub regions and NHS England local offices, to follow aggregate mappings used across national data platforms

## Findings

National coverage of antenatal HIV screening (ID1) was 99.3% in Q1 2016 to 2017, which is the highest ever recorded performance of this KPI. Overall, data completeness has remained at approximately 90.0% since Q1 2015 to 2016 with 13 maternity service providers unable to submit matched cohort data.

The definition of ID2 (timely assessment of women with hepatitis B) has been revised in 2016 to 2017; only pregnant women newly diagnosed with hepatitis B or previously known positive with high infectivity markers should be reported. In Q1 the England performance was 81.0%, with all regions either meeting or exceeding the acceptable threshold (70.0%).

The national performance of FA1 (completion of laboratory request forms for fetal anomaly screening) was 97.2% in Q1, above the acceptable threshold (97.0%) and slightly higher than the previous three quarters. The number of providers that did not meet the acceptable threshold has reduced from 54 (out of 144) in Q4 2015 to 2016, to 49 (out of 145) in Q1 2016 to 2017.

Sickle cell and thalassaemia (SCT) screening coverage (ST1) was higher in Q1 (99.1%) than the previous two quarters, and just above the achievable threshold (99.0%). As with ID1, completeness of data remains just under 90% with 15 out of 145 providers unable to provide data for Q1. The national performance of women tested by 10+0 weeks' gestation (ST2) has increased slightly in Q1 (50.9%) compared with Q4 2015 to 2016 (50.1%), but remains lower than the two quarters prior to that. Nationally, the completion of the family origin questionnaire (FOQ) for SCT screening (ST3) has remained consistently at 97.0% for the previous four quarters. However, it is now below the achievable threshold of 99.5% which has increased from 95.0%.

The national performance of newborn hearing screening coverage (NH1) remains consistently above the new acceptable threshold of 97.0% at 98.5% in Q1, but below the achievable threshold of 99.5%. Performance of NH2 (time from screening outcome to attendance at an audiological assessment appointment) in Q1 (90.1%) was the highest ever recorded for this KPI and for the first time was above the acceptable threshold of 90.0%.

For newborn blood spot screening coverage (NB1), completeness has improved over the previous four quarters, with data submitted for all 209 CCGs in Q4 2015 to 2016 and Q1 2016 to 2017. The national performance in Q1 (96.6%) was higher in comparison to the previous three quarters. The number of avoidable repeats for blood spot screening (NB2) increased throughout 2015 to 2016, which may be due

to new laboratory consensus guidelines implemented in April 2015 regarding the quality of blood spot samples. In Q1, performance decreased to 3.1%, the lowest since the introduction of the guidelines.

To ensure that consistent and high quality data submissions are made for newborn and infant physical examination KPIs, we encourage all maternity service providers to use the recommended national Newborn Infant Physical Examination (NIPE) Screening Management and Reporting Tool (NIPE SMART). In Q1, 122 out of 144 providers submitted data for NIPE coverage (NP1). Not all of the 122 providers who submitted data are live with NIPE SMART. For timely assessment of developmental dysplasia of the hip (DDH) by 14 days of age (NP2), 109 providers submitted data.

The annual (12 month rolling) uptake of a routine digital screening encounter for diabetic eye screening (DE1) remains consistently high across England, with all regions reporting over the achievable level of 80.0%. The proportion of results issued within three weeks of screening (DE2) was nationally higher in Q1 (97.3%) than the previous three quarters. The proportion of screen positive diabetic eye subjects receiving consultation within four weeks (DE3) was lower in Q1 (76.0%) than the previous three quarters.

The completeness of offer for abdominal aortic aneurysm screening (AA1) is an annual indicator where quarterly figures are aggregated from Q1 to Q4. Approximately 25% of the cohort is expected to be offered screening per quarter although this will vary between local screening programmes. As at Q1, the national performance of AA1 was 34.2%, above the achievable threshold of 25.0%.

There are three new AAA KPIs in 2016 to 2017; coverage of initial screen (AA2), coverage of annual surveillance screen (AA3), and coverage of quarterly surveillance screen (AA4). AA2 is an annual indicator like AA1. As at Q1, AA2 national performance was 23.5%, above the achievable threshold of 21.0%. Performance of AA3 in Q1 was 90.5%, above the acceptable threshold (85.0%) but below the achievable threshold (95.0%). Performance of AA4 in Q1 was 93.2%, and again this was higher than the acceptable threshold (85.0%) but lower than the achievable threshold (95.0%).


## Antenatal screening programmes

Data is available on six indicators, two for infectious diseases, one for fetal anomaly and three for sickle cell disease and thalassaemia (SCT).

### ID1: Antenatal infectious disease screening – HIV coverage

Q1 KPI national average	Achievable	Acceptable	No. of submissions
99.3% (166,580 / 167,716)	≥ 99.0%	≥ 95.0%	91.0% (132 / 145)(→)

Performance of ID1 nationally in Q1 (99.3%) was the highest ever recorded for this KPI.

Q2 2015 to 2016	Q3 2015 to 2016	Q4 2015 to 2016	Q1 2016 to 2017	Trend
99.0	98.8	99.1	99.3	

The thresholds for ID1 have increased in 2016 to 2017. The acceptable threshold is now 95.0% (from 90.0%) and the achievable is 99.0% (from 95.0%).

Reported coverage for HIV is consistently high, with 129 out of the 132 maternity services providers that submitted data reporting performances above the new acceptable threshold of 95.0%. In both the South and London regions, all providers submitted data and all reported performance above 98.0%. However, in other areas completeness remains an issue with 13 providers not submitting data. Work to improve data completeness and quality is ongoing between SQAS (regions), the national screening data and information team, and providers.

ID1	Expected submissions	No. of submissions		Numerator		Performance (%)	
		Q4	Q1	Q4	Q1	Q4	Q1
North	43	32	31	40,172	36,647	98.6	98.9
South	36	36	36	42,757	40,918	99.4	99.5
Midlands & East	41	39	40	48,873	49,531	98.7	99.0
London	25*	24	25	39,284	39,484	99.9	99.9


\*In Q1 2016 to 2017 the number of London providers increased to 25, as one trust started reporting its two maternity services separately.



**ID2: Antenatal infectious disease screening – timely assessment of women with hepatitis B**

Q1 KPI national average	Achievable	Acceptable	No. of submissions
81.0% (404 / 499)	≥ 90.0%	≥ 70.0%	98.6% (143 / 145)(↘)

Performance of ID2 in Q1 (81.0%) is higher than the previous three quarters.

Q2 2015 to 2016	Q3 2015 to 2016	Q4 2015 to 2016	Q1 2016 to 2017	Trend
73.3	73.3	73.6	81.0	

The definition of ID2 has been revised for 2016 to 2017, now only pregnant women who are newly diagnosed with hepatitis B, or are known positive with high infectivity markers should be reported. This should be taken into account when comparing the data for Q1 2016 to 2017 with previous quarters.

This is a small number KPI, and in Q1 ranged from 0 cases (31 providers) to 18 cases (one provider in the Midlands and East region).

In Q1, all regions either met or exceeded the acceptable threshold of 70.0%, and ranged from 75.3% in London to 87.8% in the South.

ID2	Expected submissions	No. of submissions		Numerator		Performance (%)	
		Q4	Q1	Q4	Q1	Q4	Q1
North	43	43	42	102	80	70.8	81.6
South	36	36	36	87	86	85.3	87.8
Midlands & East	41	41	40	140	116	77.3	82.3
London	25*	24	25	208	122	68.6	75.3

\*In Q1 2016 to 2017 the number of London providers increased to 25, as one trust started reporting its two maternity services separately.

**FA1: Fetal anomaly screening – completion of laboratory request forms**

Q1 KPI national average	Achievable	Acceptable	No. of submissions
97.2% (123,305 / 126,898)	100.0%	≥ 97.0%	98.6% (143 / 145)(↘)

Performance of FA1 in Q1 (97.2%) is above the acceptable threshold (98.6%) and slightly higher than the previous three quarters.

Q2 2015 to 2016	Q3 2015 to 2016	Q4 2015 to 2016	Q1 2016 to 2017	Trend
97.0	97.0	96.9	97.2	

There were 49 providers that did not meet the 97.0% acceptable threshold. This is an improvement from the 54 providers in the previous quarter that did not meet the threshold.

41 providers reported performance of 99.0% or higher. However, no providers reached the achievable threshold of 100.0%.

FA1	Expected submissions	No. of submissions		Numerator		Performance (%)	
		Q4	Q1	Q4	Q1	Q4	Q1
North	43	43	42	27,543	27,550	97.0	97.2
South	36	36	36	31,337	29,968	96.3	96.1
Midlands & East	41	41	40	37,598	36,529	96.6	97.2
London	25*	24	25	29,979	29,258	97.9	98.3

\*In Q1 2016 to 2017 the number of London providers increased to 25, as one trust started reporting its two maternity services separately.

### ST1: Antenatal sickle cell and thalassaemia screening – coverage

Q1 KPI national average	Achievable	Acceptable	No. of submissions
99.1% (164,394 / 165,833)	≥ 99.0%	≥ 95.0%	89.7% (130 / 145)(↗)

Performance of ST1 in Q1 (99.1%) is higher than the previous two quarters, and the same as Q2 2015 to 2016.

Q2 2015 to 2016	Q3 2015 to 2016	Q4 2015 to 2016	Q1 2016 to 2017	Trend
99.1	98.8	98.7	99.1	

In both the South and London regions, all providers submitted data and all reported performance above 98.0%. However, as with ID1, in other areas completeness remains an issue with 15 providers not submitting data; work to improve data completeness and quality is ongoing between SQAS (regions), the national screening data and information team, and providers.


ST1	Expected submissions	No. of submissions		Numerator		Performance (%)	
		Q4	Q1	Q4	Q1	Q4	Q1
North	43	30	31	38,894	38,579	97.0	98.6
South	36	36	36	42,846	40,916	99.1	99.6
Midlands & East	41	38	38	48,235	45,417	98.7	98.6
London	25*	24	25	39,271	39,482	99.8	99.8

\*In Q1 2016 to 2017 the number of London providers increased to 25, as one trust started reporting its two maternity services separately.

## ST2: Antenatal sickle cell and thalassaemia screening – timeliness of test

Q1 KPI national average	Achievable	Acceptable	No. of submissions
50.9% (91,086 / 178,890)	≥ 75.0%	≥ 50.0%	97.9% (142 / 145)(↗)

Performance of ST2 has increased slightly in Q1 (50.9%) compared with Q4 2015 to 2016, but remains lower compared to the previous quarters.

Q2 2015 to 2016	Q3 2015 to 2016	Q4 2015 to 2016	Q1 2016 to 2017	Trend
51.7	53.3	50.1	50.9	

Timeliness for SCT screening remains an area of concern with 53 providers across England not meeting the acceptable threshold (50.0%). 21 of these providers were in the London region.


ST2	Expected submissions	No. of submissions		Numerator		Performance (%)	
		Q4	Q1	Q4	Q1	Q4	Q1
North	43	42	41	28,205	27,576	57.5	58.2
South	36	35	35	22,457	20,962	53.6	52.4
Midlands & East	41	40	41	29,100	29,803	54.7	56.2
London	25*	23	25	10,754	12,745	32.8	33.1

\*In Q1 2016 to 2017 the number of London providers increased to 25, as one trust started reporting its two maternity services separately.

### ST3: Antenatal sickle cell and thalassaemia screening - completion of family origin questionnaire (FOQ)

Q1 KPI national average	Achievable	Acceptable	No. of submissions
97.0% (176,752 / 182,269)	≥ 99.0%	≥ 95.0%	98.6% (143 / 145)(→)

Performance of ST3 in Q1 (97.0%) is consistent with the previous three quarters.

Q2 2015 to 2016	Q3 2015 to 2016	Q4 2015 to 2016	Q1 2016 to 2017	Trend
97.0	97.0	96.9	97.0	

The thresholds for ST3 have increased in 2016 to 2017. The acceptable threshold is now 95.0% (from 90.0%) and the achievable is 99.0% (from 95.0%). The national performance in Q1 was above the new acceptable threshold but below the achievable.

The South and London regions submitted complete data in Q1. There were 20 providers from across England that reported performance lower than the new acceptable level of 95.0%. 49 providers exceeded the achievable threshold level of 99.0% with 16 reporting performance of 100.0%.

ST3	Expected submissions	No. of submissions		Numerator		Performance (%)	
		Q4	Q1	Q4	Q1	Q4	Q1
North	43	43	41	47,732	46,337	96.5	97.3
South	36	36	36	42,453	40,768	98.0	97.9
Midlands & East	41	40	41	51,800	51,849	96.6	97.1
London	25*	23	25	35,606	37,798	96.8	95.4

\*In Q1 2016 to 2017 the number of London providers increased to 25, as one trust started reporting its two maternity services separately.


## Newborn screening programmes

We collect data on seven indicators. Three for newborn blood spot screening, two for newborn hearing screening and two for NIPE screening. The recommended national IT system (NIPE SMART), used for capturing NIPE data, is not yet fully implemented throughout England, with approximately 84% of providers currently able to submit data (either fully through NIPE SMART or as a combination with local systems). As with other indicators it is recommended that data quality is discussed with providers before it is used as a performance measure.

### NH1: Newborn hearing screening – coverage

Q1 KPI national average	Achievable	Acceptable	No. of submissions
98.5% (162,858 / 165,362)	≥ 99.5%	≥ 97.0%	100.0% (110 / 110)(→)

Performance of NH1 in Q1 (98.5%) was consistent with the previous quarter.

Q2 2015 to 2016	Q3 2015 to 2016	Q4 2015 to 2016	Q1 2016 to 2017	Trend
98.0	98.0	98.4	98.5	

The acceptable threshold for NH1 has increased in 2016 to 2017. The acceptable threshold is now 97.0% (from 95.0%), the achievable remains the same at 99.5%. There were numerous site changes throughout 2015 to 2016 that need to be considered when interpreting data. A detailed explanation is provided in the [2015 to 2016 quarterly KPI data files](#). Performance values may be affected when screening model changes (for example from community to hospital based). Coverage for the Newborn Hearing Screening Programme (NHSP) remains consistently high across England with only seven sites reporting less than the new acceptable value of 97.0%.


NH1	Expected submissions in Q1*	No. of submissions Q1	Numerator		Performance (%)	
			Q4	Q1	Q4	Q1
North	35	35	40,005	43,857	98.0	98.3
South	25	25	34,678	37,839	98.7	99.0
Midlands & East	37	37	44,209	48,439	98.7	98.7
London	13	13	29,514	32,723	97.9	97.9

\*Due to frequent site changes from quarter to quarter only the numbers of expected submissions for the current quarter are displayed.

## NH2: Newborn hearing screening – time from screening outcome to attendance at an audiological assessment appointment

Q1 KPI national average	Achievable	Acceptable	No. of submissions
90.1% (3,814 / 4,232)	95.0%	≥ 90.0%	100.0% (110 / 110)(→)

Performance of NH2 in Q1 (90.1%) was the highest ever recorded for this KPI and for the first time was above the acceptable threshold of 90.0%. The achievable threshold for NH2 has decreased for 2016 to 2017, and is now 95.5% (from 100%). The acceptable threshold is unchanged.

Q2 2015 to 2016	Q3 2015 to 2016	Q4 2015 to 2016	Q1 2016 to 2017	Trend
87.3	86.9	88.3	90.1	

This is a small number KPI and additional care needs to be taken when interpreting performance values. All four regions reported an increase in performance from Q4 to Q1. The number of sites not achieving the acceptable threshold has decreased, from 60 in Q4, to 43 in Q1. Overall this means that 418 babies (out of 4,232) did not receive an audiological assessment within four weeks of referral.

NH2	Expected submissions in Q1*	No. of submissions Q1	Numerator		Performance (%)	
			Q4	Q1	Q4	Q1
North	35	35	1,174	1,239	86.1	87.6
South	25	26	672	615	87.2	89.0
Midlands & East	37	37	1,191	1,107	89.3	91.3
London	13	13	829	853	91.1	93.2

\*Due to frequent site changes from quarter to quarter only the numbers of expected submissions for the current quarter are displayed.

### NB1: Newborn blood spot screening – coverage (CCG responsibility at birth)

Q1 KPI national average	Achievable	Acceptable	No. of submissions
96.6% (147,948 / 153,110)	≥ 99.9%	≥ 95.0%	100.0% (209 / 209)(→)

Performance of NB1 in Q1 is higher in comparison to the previous three quarters and is above the acceptable threshold of 95.0%.

Q2 2015 to 2016	Q3 2015 to 2016	Q4 2015 to 2016	Q1 2016 to 2017	Trend
95.8	94.7	96.2	96.6	

Completeness has improved in all regions over the previous four quarters. Performance increased from Q4 to Q1 across all regions except the South.

NB1	Expected submissions	No. of submissions		Numerator		Performance (%)	
		Q4	Q1	Q4	Q1	Q4	Q1
North	65	65	65	38,656	39,702	95.6	97.1
South	51	51	51	38,652	35,316	95.1	94.3
Midlands & East	61	61	61	44,013	45,105	96.9	97.4
London	32	32	32	26,875	27,825	97.4	97.8

### NB2: Newborn blood spot screening – avoidable repeat tests

Q1 KPI national average	Achievable	Acceptable	No. of submissions
3.1% (5,079 / 165,480)	≤ 0.5%	≤ 2.0%	100.0% (145 / 145)(↗)

Performance of NB2 in Q1 (3.1%) has increased slightly in comparison to the previous three quarters.

**Polarity:** Low % is good for this indicator.

Q2 2015 to 2016	Q3 2015 to 2016	Q4 2015 to 2016	Q1 2016 to 2017	Trend
3.4	3.4	3.6	3.1	

All regions submitted complete data this quarter and all regions reported performance of NB2 higher than the acceptable threshold of 2.0%. The polarity of this KPI is in reverse to the others where a lower percentage shows a better performance.

In April 2015, English newborn screening laboratories implemented national consensus guidelines on blood spot sample quality, with standardised acceptance and rejection criteria. This was based on evidence showing that poor quality blood spot samples could lead to babies with a serious condition being missed. The national programme and SQAS worked hard to inform sample takers about the new consensus guidelines before they were introduced, but as expected it led to an increase in the number of avoidable repeat samples requested by laboratories throughout 2015 to 2016. The blood spot programme is monitoring progress by collecting monthly avoidable repeat data from laboratories.

The Q1 performance (3.1%) is the lowest it has been since the new guidelines were introduced. In Q1 there were 42 providers whose performance was  $\leq 2.0\%$ . This is an improvement from Q4 (27 providers  $\leq 2.0\%$ ).

NB2	Expected submissions	No. of submissions		Numerator		Performance (%)	
		Q4	Q1	Q4	Q1	Q4	Q1
North	43	42	43	1,543	1,325	3.5	2.9
South	36	36	36	1,638	1,569	4.4	4.1
Midlands & East	41	41	41	1,534	1,349	3.3	2.8
London	25*	24	25	983	836	3.1	2.5

\*In Q1 2016 to 2017 the number of London providers increased to 25, as one trust started reporting its two maternity services separately.

#### NB4: Newborn blood spot screening – coverage (movers in)

Q1 KPI national average	Achievable	Acceptable	No. of submissions
88.9% (6,720 / 7,556)	$\geq 99.9\%$	$\geq 95.0\%$	100.0% (209 / 209)(→)

This KPI was introduced in Q1 2015 to 2016 and replaced NB3 (timeliness of result availability). Quarterly data was collected throughout 2015 to 2016 but not published as the screening KPI team, newborn blood spot programme, child health record departments, screening and immunisation teams and other stakeholders worked together to improve data quality and clarify the definition. In Q1 2016 to 2017, national performance was 88.9%, below the acceptable threshold of 95.0%.

NB4	Expected submissions	No. of submissions	Numerator	Performance (%)
		Q1	Q1	Q1
North	65	65	2,036	91.6




South	51	51	1,222	85.5
Midlands & East	61	61	1,989	89.0
London	32	32	1,473	88.4

### NP1: Newborn and infant physical examination screening – coverage

Q1 KPI national average	Achievable	Acceptable	No. of submissions
93.0% (130,055 / 139,853)	≥ 99.5%	≥ 95.0%	84.1% (122 / 145)(↗)

Performance of NP1 in Q1 (93.0%) decreased compared with the previous quarter (94.4%). We don't advise making a direct trend comparison between national and regional averages because of a number of incomplete submissions and data quality issues.

Q2 2015 to 2016	Q3 2015 to 2016	Q4 2015 to 2016	Q1 2016 to 2017	Trend
92.9	94.4	94.4	93.0	

Completeness of the NIPE KPIs has increased each quarter, in Q1 122 out of 145 providers (84.1%) submitted data, with 93 providers stating NIPE SMART as the data source. Providers not using NIPE SMART are not using the cohort management, failsafe or data collection functions provided by the system and therefore the data they submit may not be robust.

NP1	Expected submissions	No. of submissions		Numerator		Performance (%)	
		Q4	Q1	Q4	Q1	Q4	Q1
North	43	39	39	35,386	38,378	93.8	93.1
South	36	25	26	24,452	26,804	97.0	96.4
Midlands & East	41	37	35	39,431	39,452	92.6	92.4
London	25*	13	22	16,278	25,421	96.5	90.4


\*In Q1 2016 to 2017 the number of London providers increased to 25, as one trust started reporting its two maternity services separately.

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**NP2: Newborn and infant physical examination screening – timely assessment of developmental dysplasia of the hip (DDH)**

Q1 KPI national average	Achievable	Acceptable	No. of submissions
15.0% (201 / 1,344)	100.0%	≥ 95.0%	75.2% (109 / 145)(↗)

Performance of NP2 in Q1 (15.0%) is lower compared with the previous three quarters. As with NP1, we don't advise making a direct trend comparison between national and regional averages because of a number of incomplete submissions and data quality issues. This KPI is also a small number KPI and additional care needs to be taken when interpreting local performance values.

Q2 2015 to 2016	Q3 2015 to 2016	Q4 2015 to 2016	Q1 2016 to 2017	Trend
21.9	35.5	48.6	15.0	

Completeness of data is improving, with 109 providers returning data in Q1 compared with 94 in Q4.

NP2	Expected submissions	No. of submissions		Numerator		Performance (%)	
		Q4	Q1	Q4	Q1	Q4	Q1
North	43	30	33	42	48	40.4	9.4
South	36	17	24	34	30	26.8	7.6
Midlands & East	41	36	34	107	110	72.3	35.0
London	25*	11	18	8	13	57.1	10.2

\*In Q1 2016 to 2017 the number of London providers increased to 25, as one trust started reporting its two maternity services separately.


## Young Person and Adult non-cancer screening programmes

We collect data on seven indicators, three for diabetic eye screening and four for abdominal aortic aneurysm screening.

### DE1: Diabetic eye screening – uptake of routine digital screening event

Q1 KPI national average	Achievable	Acceptable	No. of submissions
82.5% (2,161,731 / 2,621,563)	≥ 80.0%	≥ 70.0%	100.0% (68 / 68)(→)

Performance of DE1 in Q1 (82.5%) is lower than in the previous three quarters. This decrease in uptake may be due to the artificial increase in uptake caused by the London reprourement. In November 2015, the London region DES local programmes were reprocured and reduced in number from 17 to five. The last programme was also brought onto the common pathway. When the programme came onto the common pathway the information on invitations sent could not be transferred into the new database. The result of this was that only eligible people with diabetes attending appointments were counted as being invited. As this KPI looks at a rolling 12-month period, the effect of the move to the common pathway will reduce each quarter until Q2 2016 to 2017.

Q2 2015 to 2016	Q3 2015 to 2016	Q4 2015 to 2016	Q1 2016 to 2017	Trend
82.9	83.6	83.0	82.5	

This KPI remains consistently high across England and above the achievable threshold of 80.0%. All local programmes reported performance above acceptable level of 70.0% with 49 programmes out of 68 reporting 80.0% or greater.


DE1	Expected submissions	No. of submissions		Numerator		Performance (%)	
		Q4	Q1	Q4	Q1	Q4	Q1
North	26	26	26	654,057	651,884	82.9	82.7
South	20	20	20	478,518	486,201	82.2	81.7
Midlands & East	17*	20	17	709,866	705,723	83.4	83.3
London	5	5	5	310,316	317,923	83.6	81.5

\*In Q1 2016 to 2017 the number of local DES programmes in the Midlands and East decreased to 17.

**DE2: Diabetic eye screening – results issued within three weeks of routine digital screening**

Q1 KPI national average	Achievable	Acceptable	No. of submissions
97.3% (569,674 / 585,444)	≥ 95.0%	≥ 70.0%	100.0% (68 / 68)(→)

Performance of DE2 in Q1 (97.3%) is higher in comparison to the previous three quarters. The Liverpool DES programme are conducting a trial on extending screening intervals. Participants randomised to a certain arm of the study are not sent a normal results letter which has contributed to the drop of performance of DE2.

Q2 2015 to 2016	Q3 2015 to 2016	Q4 2015 to 2016	Q1 2016 to 2017	Trend
97.1	95.8	96.2	97.3	

Nationally this KPI remains consistently above the achievable threshold of 95.0%.


DE2	Expected submissions	No. of submissions		Numerator		Performance (%)	
		Q4	Q1	Q4	Q1	Q4	Q1
North	26	26	26	171,178	182,646	93.9	98.2
South	20	20	20	124,546	118,841	95.0	94.4
Midlands & East	17*	20	17	180,832	175,312	98.0	98.6
London	5	5	5	77,034	92,875	99.2	97.0

\*In Q1 2016 to 2017 the number of local DES programmes in the Midlands and East decreased to 17.

**DE3: Diabetic eye screening – timely assessment for R3A screen positive**

Q1 KPI national average	Achievable	Acceptable	No. of submissions
76.0% (1,639 / 2,157)	≥ 80.0%	Not defined	100.0% (68 / 68)(→)

Performance of DE3 in Q1 (76.0%) is lower than in the previous three quarters.

Q2 2015 to 2016	Q3 2015 to 2016	Q4 2015 to 2016	Q1 2016 to 2017	Trend
80.2	77.9	80.2	76.0	

This is a small number indicator and additional care needs to be taken when interpreting performance values. In Q1 the performance level ranged from 72.8% in the Midlands and East, to 80.8% in London. The Midlands and East performance has been affected by service reconfigurations in the region.

518 out of 2,157 screen positive subjects with referred proliferative diabetic retinopathy in England did not attend for assessment within four weeks of notification of positive test.

DE3	Expected submissions	No. of submissions		Numerator		Performance (%)	
		Q4	Q1	Q4	Q1	Q4	Q1
North	26	26	26	472	537	80.3	75.3
South	20	20	20	320	304	79.4	77.0
Midlands & East	17*	20	17	515	453	78.7	72.8
London	5	5	5	281	345	83.9	80.8

\*In Q1 2016 to 2017 the number of local DES programmes in the Midlands and East decreased to 17.

### AA1: Abdominal aortic aneurysm screening – completeness of offer

Q1 KPI national average	Achievable	Acceptable	No. of submissions
34.2% (97,418 / 284,887)	≥ 25.0%	≥ 22.5%	100.0% (41 / 41)(→)

The reporting period for this KPI is annual and quarterly figures will be aggregated from Q1 to Q4. This is an estimated expectation of offering to 25% of the responsible cohort each quarter (this will vary between local screening programmes).

Performance of AA1 in Q1 was 34.2%, above the achievable threshold (25.0%) and also above the performance of Q1 in 2015 to 2016 (32.9%).

Annual performance thresholds are: Acceptable ≥ 90.0% and Achievable ≥ 99.0%.

AA1	Expected submissions	No. of submissions		Numerator		Performance (%)	
		Q4	Q4	15/16 Q1	16/17 Q1	15/16 Q1	16/17 Q1
North	8	8	8	20,531	27,441	24.6	33.2
South	11	11	11	26,018	26,929	33.8	35.3
Midlands & East	17	17	17	34,217	31,352	37.3	34.4
London	5	5	5	13,605	11,696	39.0	33.6

**AA2: Abdominal aortic aneurysm screening – coverage of initial screen**

Q1 KPI national average	Achievable	Acceptable	No. of submissions
23.5% (67,063 / 284,887)	≥ 21.0%	≥ 18.0%	100.0% (41 / 41)(→)

AA2 is a new KPI in 2016 to 2017. Like AA1, the reporting period for AA2 is annual and quarterly figures will be aggregated from Q1 to Q4.

Performance of AA2 in Q1 (23.5%) is higher than the achievable threshold of 21.0%. Of the 41 local AAA screening programmes, 29 reported performances above the achievable threshold. However, seven reported performances lower than the acceptable threshold.

Annual performance thresholds are: Acceptable ≥ 75.0% and Achievable ≥ 85.0%.

AA2	Expected submissions	No. of submissions	Numerator	Performance (%)
		Q1	Q1	Q1
North	8	8	18,529	22.4
South	11	11	19,327	25.4
Midlands & East	17	17	22,342	24.5
London	5	5	6,865	19.7

**AA3: Abdominal aortic aneurysm screening – coverage of annual surveillance screen**

Q1 KPI national average	Achievable	Acceptable	No. of submissions
90.5% (2,377 / 2,627)	≥ 95.0%	≥ 85.0%	100.0% (41 / 41)(→)

AA3 is a new KPI in 2016 to 2017. Performance of AA3 in Q1 was 90.5%, above the acceptable threshold but below the achievable threshold. Of the 41 AAA local screening programmes, six reported performances higher than the achievable threshold. However, six reported performances lower than the acceptable threshold.

AA3	Expected submissions	No. of submissions	Numerator	Performance (%)
		Q1	Q1	Q1
North	8	8	587	89.8
South	11	11	817	91.0
Midlands & East	17	17	796	91.4
London	5	5	177	86.8

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**AA4: Abdominal aortic aneurysm screening – coverage of quarterly surveillance screen**

Q1 KPI national average	Achievable	Acceptable	No. of submissions
93.2% (1,598 / 1,714)	≥ 95.0%	≥ 85.0%	100.0% (41 / 41)(→)

AA4 is a new KPI in 2016 to 2017. Performance of AA4 in Q1 (93.2%) is higher than the acceptable threshold but lower than the achievable threshold. Regional performance ranged from 85.8% in London, to 96.1% in the Midlands and East. Of the 41 local AAA screening programmes, 17 reported performances above the achievable threshold. However, three reported performances lower than the acceptable threshold.

AA4	Expected submissions	No. of submissions	Numerator	Performance (%)
		Q1	Q1	Q1
North	8	8	353	92.2
South	11	11	578	93.1
Midlands & East	17	17	540	96.1
London	5	5	127	85.8

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## Appendix 1: Screening KPI descriptions

Code	KPI Description
<b>ID1</b>	The proportion of pregnant women eligible for HIV screening for whom a confirmed screening result is available at the day of report.
<b>ID2</b>	The proportion of pregnant women who are hepatitis B positive attending for specialist assessment within six weeks of the positive result being reported to maternity service.
<b>FA1</b>	The proportion of laboratory request forms including complete data prior to screening analysis, submitted to the laboratory within the recommended timeframe of 10 <sup>+0</sup> to 20 <sup>+0</sup> weeks' gestation.
<b>ST1</b>	The proportion of pregnant women eligible for antenatal sickle cell and thalassaemia screening for whom a conclusive screening result is available at the day of report.
<b>ST2</b>	The proportion of women having antenatal sickle cell and thalassaemia screening for whom a screening result is available by 10 <sup>+0</sup> weeks' gestation.
<b>ST3</b>	The proportion of antenatal sickle cell and thalassaemia samples submitted to the laboratory with a completed FOQ.
<b>NB1</b>	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 screening and have a conclusive result recorded on the child health information system (CHIS) by 17 days of age.
<b>NB2</b>	The proportion of babies from whom it is necessary to take a repeat blood sample due to an avoidable failure in the sampling process. Reported by maternity service.
<b>NB4</b>	The proportion of all babies eligible for newborn blood spot (NBS) screening who: <ul style="list-style-type: none"> <li>• have changed responsible CCG in the first year of life</li> <li>• have moved in from abroad</li> </ul> and have a conclusive result recorded on CHIS within 21 calendar days of notifying CHR.D.
<b>NH1</b>	The proportion of babies eligible for newborn hearing screening for whom the screening process is complete by four weeks corrected age (hospital programmes: well babies, NICU babies) or by five weeks corrected age (community programmes: well babies).
<b>NH2</b>	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.



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<b>NP1</b>	The proportion of babies eligible for the newborn physical examination who are tested for all four components (three components in female infants) of the newborn examination within 72 hours of birth.
<b>NP2</b>	The proportion of babies who have a positive screening test on newborn physical examination and undergo assessment by specialist hip ultrasound within two weeks of age.
<b>DE1</b>	The proportion of those offered a routine diabetic eye screening appointment who attend and complete a routine digital screening encounter/event.
<b>DE2</b>	The proportion of subjects attending for diabetic eye screening to whom results were issued within three weeks of the routine digital screening encounter/event.
<b>DE3</b>	The proportion of screen positive subjects with referred proliferative diabetic retinopathy attending for assessment within four weeks of notification of positive test from all diabetic eye screening pathways.
<b>AA1</b>	The proportion of men eligible for abdominal aortic aneurysm screening to whom an initial offer of screening is made.
<b>AA2</b>	The proportion of men eligible for abdominal aortic aneurysm screening who are conclusively tested.
<b>AA3</b>	The proportion of annual surveillance appointments due where there is a conclusive test within six weeks of the due date.
<b>AA4</b>	The proportion of quarterly surveillance appointments due where there is a conclusive test within four weeks of the due date.

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## Appendix 2: Public Health Outcomes Framework (PHOF) screening indicators: Trends Q1 2014 to 2015 to Q1 2016 to 2017, England

