



Public Health
England



Professional Briefing for PHE and NHS England Screening KPIs Q4 2015 to 2016

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.

Reporting focus varies across screening indicators between provider level, screening programme and clinical commissioning groups (CCGs). For more details including collection methods, please refer to the KPI definition document: 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 Telephone: 020 3682 0890.

See Appendix 1 for KPI acronyms and descriptions.

Findings

This high-level report will focus on Q4 (1 January to 31 March 2016) data with a comparison to performance in the previous three quarters (since April 2015). All providers in England submitted data for ID2 and FA1. In Q4 there were no regions where all providers in the region submitted all six antenatal screening indicators. See table below.

| Antenatal KPIs Q4 2015 to 2016 | Expected returns | Number of submitted returns | | | | | |
|---|-----------------------------|------------------------------------|------------|------------|------------|------------|------------|
| | | ID1 | ID2 | FA1 | ST1 | ST2 | ST3 |
| North | 43 | 32 | 43 | 43 | 30 | 42 | 43 |
| South | 36 | 36 | 36 | 36 | 36 | 35 | 36 |
| Midlands & East | 41 | 39 | 41 | 41 | 38 | 40 | 40 |
| London | 24 | 24 | 24 | 24 | 24 | 23 | 23 |
| England | 144 | 131 | 144 | 144 | 128 | 140 | 142 |

National coverage of HIV screening (ID1) was 99.1% in Q4, which is the highest ever recorded performance of this KPI. Overall, data completeness has remained approximately at 90.0% since Q1 2015 to 2016 with 13 maternity service providers unable to submit matched cohort data.

Over the previous four quarters performance of the timeliness of referral to specialist assessment following identification for hepatitis B positive women (ID2) was consistently above the acceptable threshold (70.0%). ID2 is a small number KPI with 21 out of 144 providers reporting zero cases in Q4. There were 193 (26.4%) out of 730 hepatitis B screen positive women not seen by an appropriate specialist within six weeks from identification.

The number of providers that reported receiving more than 3.0% of laboratory request forms with incomplete data prior to fetal anomaly screening (FA1) was 54 out of 144 in Q4. The national performance for this KPI (96.9%) has dropped slightly under the acceptable threshold (97.0%) and remains highest in the London region (97.9%).

Sickle cell and thalassaemia (SCT) screening coverage (ST1) was slightly lower in Q4 (98.7%) than the previous three quarters, remaining just below the achievable threshold (99.0%). As with ID1, completeness of data remains just under 90% with 16 out of 144 providers unable to provide matched cohort data for Q4. The national performance of women tested by 10+0 weeks' gestation (ST2) has decreased in Q4 compared with the previous three quarters, down to 50.7% in Q4 compared with 53.3% in Q3. At a local level 53 providers did not meet the acceptable threshold of

50.0% in Q4, an increase by 14 from the 39 providers who did not meet the acceptable threshold in Q3. This remains an area of concern. Nationally, the completion of the family origin questionnaire (FOQ) for SCT screening (ST3) has remained consistently above the achievable threshold (95.0%) for the previous four quarters.

The national performance of newborn hearing screening coverage (NH1) remains consistently above the acceptable threshold of 95.0% but below the achievable threshold of 99.5%. One region (London) and two sub-regions (North West and East Midlands) met the acceptable threshold of 90.0% in babies receiving audiological assessment within four weeks of the decision that referral is required (NH2). This is a small number KPI with the national performance reported in Q4 at 88.3% resulting in 512 babies (out of 4,378) not receiving audiological assessment within four weeks of referral.

For newborn blood spot screening coverage (NB1), completeness has improved over the previous four quarters, with data submitted for all 209 CCGs in Q4. The national performance in Q4 (96.2%) was higher in comparison to the previous three quarters. The number of avoidable repeats for blood spot screening (NB2) has increased over the last four quarters (3.6% in Q4). This may be due to new guidance implemented in April 2015 regarding the quality of blood spot samples.

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 Q4, 114 out of 144 providers submitted data for NIPE coverage (NP1), with 94 stating NIPE SMART as the data source. For timely assessment of developmental dysplasia of the hip (DDH) by 14 days of age (NP2), 94 providers submitted data.

Uptake of a routine digital screening encounter for diabetic eye screening (DE1) remains consistently high across England, with all sub-regions (except South Central) reporting over the achievable level of 80.0%. The proportion of results issued within three weeks of screening (DE2) nationally remains above the achievable threshold of 95.0%.

Nationally, the proportion of screen positive diabetic eye subjects receiving consultation within four weeks (DE3) was above the achievable threshold of 80.0% for three quarters out of four in 2015 to 2016. 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 Q4 2015 to 2016, the national performance of AA1 was 98.9%.


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

| Q4 KPI national average | Achievable | Acceptable | No. of submissions |
|---------------------------|------------|------------|----------------------|
| 99.1% (171,086 / 172,633) | ≥ 95.0% | ≥ 90.0% | 91.0% (131 / 144)(7) |

Performance of ID1 nationally in Q4 (99.1%) was the highest ever recorded for this KPI.

| Q1 2015 to 2016 | Q2 2015 to 2016 | Q3 2015 to 2016 | Q4 2015 to 2016 | Trend |
|-----------------|-----------------|-----------------|-----------------|---|
| 99.0 | 99.0 | 98.8 | 99.1 |  |

Reported coverage for HIV is consistently high with all maternity service providers submitting data reporting performances above the acceptable threshold of 90.0%. Completeness remains an issue with 13 providers from the North East, North West, West Midlands and Yorkshire and the Humber sub-regions not submitting data. See Chart 1.


The difference in performance percentages of providers from Q3 to Q4 2015 to 2016 was lowest in the London region. See Chart 2.

| ID1 | Expected submissions | No. of submissions | | Numerator | | Performance (%) | |
|-----------------|----------------------|--------------------|----|-----------|--------|-----------------|------|
| | | Q3 | Q4 | Q3 | Q4 | Q3 | Q4 |
| North | 43 | 33 | 32 | 39,814 | 40,172 | 97.9 | 98.6 |
| South | 36 | 36 | 36 | 42,069 | 42,757 | 99.2 | 99.4 |
| Midlands & East | 41 | 38 | 39 | 47,318 | 48,873 | 98.5 | 98.7 |
| London | 24 | 24 | 24 | 38,265 | 39,284 | 99.8 | 99.9 |

ID2: Antenatal infectious disease screening – timely referral of hepatitis B positive women for specialist assessment

| Q4 KPI national average | Achievable | Acceptable | No. of submissions |
|-------------------------|------------|------------|-----------------------|
| 73.6% (537 / 730) | ≥ 90.0% | ≥ 70.0% | 100.0% (144 / 144)(→) |

Performance of ID2 in Q4 (73.6%) is higher than the previous three quarters.

| Q1 2015 to 2016 | Q2 2015 to 2016 | Q3 2015 to 2016 | Q4 2015 to 2016 | Trend |
|-----------------|-----------------|-----------------|-----------------|---|
| 73.4 | 73.3 | 73.3 | 73.6 |  |

The number of women found to have hepatitis B in a quarter is small for many providers, ranging from 0 cases (21 providers) to 33 cases (one provider in London), with 18 providers in England reporting more than 10 cases.


41.5% of all cases (303 / 730) are found in London, which is the only region reporting below the acceptable threshold 70.0%. In Q4, 68.6% of cases (208/303) in London were seen by a specialist within six weeks.

| ID2 | Expected submissions | No. of submissions | | Numerator | | Performance (%) | |
|-----------------|----------------------|--------------------|----|-----------|-----|-----------------|------|
| | | Q3 | Q4 | Q3 | Q4 | Q3 | Q4 |
| North | 43 | 43 | 43 | 91 | 102 | 71.1 | 70.8 |
| South | 36 | 36 | 36 | 87 | 87 | 82.9 | 85.3 |
| Midlands & East | 41 | 41 | 41 | 157 | 140 | 81.8 | 77.3 |
| London | 24 | 24 | 24 | 204 | 208 | 65.8 | 68.6 |

FA1: Fetal anomaly screening – completion of laboratory request forms

| Q4 KPI national average | Achievable | Acceptable | No. of submissions |
|---------------------------|------------|------------|-----------------------|
| 96.9% (126,457 / 130,477) | 100.0% | ≥ 97.0% | 100.0% (144 / 144)(→) |

Performance of FA1 in Q4 (96.9%) is consistent with the previous two quarters and remains higher than the first quarter of 2015 to 2016.

| Q1 2015 to 2016 | Q2 2015 to 2016 | Q3 2015 to 2016 | Q4 2015 to 2016 | Trend |
|-----------------|-----------------|-----------------|-----------------|---|
| 96.3 | 97.0 | 97.0 | 96.9 |  |

The number of providers not meeting the 97.0% acceptable threshold remains high at 54 with three providers reporting below 90.0%.


The North and London regions both met and exceeded the acceptable performance threshold respectively (97.0% and 97.9%). The highest performance variation (measured as sample standard deviation) between providers was reported in the South East and South West sub-regions.

| FA1 | Expected submissions | No. of submissions | | Numerator | | Performance (%) | |
|-----------------|----------------------|--------------------|----|-----------|--------|-----------------|------|
| | | Q3 | Q4 | Q3 | Q4 | Q3 | Q4 |
| North | 43 | 43 | 43 | 25,952 | 27,543 | 96.5 | 97.0 |
| South | 36 | 36 | 36 | 30,892 | 31,337 | 96.3 | 96.3 |
| Midlands & East | 41 | 41 | 41 | 36,424 | 37,598 | 97.4 | 96.6 |
| London | 24 | 24 | 24 | 27,742 | 29,979 | 97.6 | 97.9 |

ST1: Antenatal sickle cell and thalassaemia screening – coverage

| Q4 KPI national average | Achievable | Acceptable | No. of submissions |
|---------------------------|------------|------------|----------------------|
| 98.7% (169,246 / 171,554) | ≥ 99.0% | ≥ 95.0% | 88.9% (128 / 144)(→) |

Performance of ST1 in Q4 (98.7%) is slightly lower than the previous three quarters.

| Q1 2015 to 2016 | Q2 2015 to 2016 | Q3 2015 to 2016 | Q4 2015 to 2016 | Trend |
|-----------------|-----------------|-----------------|-----------------|---|
| 99.1 | 99.1 | 98.8 | 98.7 |  |

The South and London regions submitted complete data for Q4. Completeness remains an issue with 16 providers not submitting data.


Seven providers are not meeting the acceptable performance threshold of 95.0%, with one reporting performance less than 90.0%. For the second quarter in a row the national performance for Q4 has dropped below the achievable level of 99.0%. The highest sample standard deviation between providers was reported in the North West sub-region.

| ST1 | Expected submissions | No. of submissions | | Numerator | | Performance (%) | |
|-----------------|----------------------|--------------------|----|-----------|--------|-----------------|------|
| | | Q3 | Q4 | Q3 | Q4 | Q3 | Q4 |
| North | 43 | 30 | 30 | 36,744 | 38,894 | 97.6 | 97.0 |
| South | 36 | 36 | 36 | 41,997 | 42,846 | 99.0 | 99.1 |
| Midlands & East | 41 | 38 | 38 | 47,712 | 48,235 | 98.8 | 98.7 |
| London | 24 | 24 | 24 | 38,247 | 39,271 | 99.8 | 99.8 |

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

| Q4 KPI national average | Achievable | Acceptable | No. of submissions |
|--------------------------|------------|------------|----------------------|
| 50.1% (90,516 / 180,795) | ≥ 75.0% | ≥ 50.0% | 97.2% (140 / 144)(→) |

Performance of ST2 has decreased in Q4 (50.1%) and is lower compared to the previous three quarters.

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

Performance decreases in Q4 compared with previous quarters were seen in all regions. Timeliness for SCT screening remains an area of concern with 54 providers not meeting the acceptable threshold (50.0%) and seven providers reporting performance values of less than 10.0%.


Large performance variation was reported in all regions except the Midlands and East, indicating service inconsistencies across England.

| ST2 | Expected submissions | No. of submissions | | Numerator | | Performance (%) | |
|-----------------|----------------------|--------------------|----|-----------|--------|-----------------|------|
| | | Q3 | Q4 | Q3 | Q4 | Q3 | Q4 |
| North | 43 | 39 | 42 | 27,429 | 28,205 | 61.2 | 57.5 |
| South | 36 | 36 | 35 | 24,194 | 22,457 | 56.6 | 53.6 |
| Midlands & East | 41 | 41 | 40 | 30,096 | 29,100 | 56.7 | 54.7 |
| London | 24 | 24 | 23 | 13,038 | 10,754 | 35.2 | 32.8 |

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

| Q4 KPI national average | Achievable | Acceptable | No. of submissions |
|---------------------------|------------|------------|----------------------|
| 96.9% (177,591 / 183,207) | ≥ 95.0% | ≥ 90.0% | 98.6% (142 / 144)(→) |

Performance of ST3 in Q4 (96.9%) is consistent with the previous two quarters and remains above the achievable threshold (95.0%).

| Q1 2015 to 2016 | Q2 2015 to 2016 | Q3 2015 to 2016 | Q4 2015 to 2016 | Trend |
|-----------------|-----------------|-----------------|-----------------|---|
| 96.6 | 97.0 | 97.0 | 96.9 |  |

The North and South regions submitted complete data in Q4. All regions were above the achievable level of 95.0%. There were six providers from across England that reported performance values lower than the acceptable level of 90.0%. However, this is down from 10 providers in Q1. In Q4, 125 (from 144) providers are exceeding the achievable performance threshold level of 95.0%.

The highest sample standard deviation was reported in the Yorkshire and the Humber and sub region and the London region.

| ST3 | Expected submissions | No. of submissions | | Numerator | | Performance (%) | |
|-----------------|----------------------|--------------------|----|-----------|--------|-----------------|------|
| | | Q3 | Q4 | Q3 | Q4 | Q3 | Q4 |
| North | 43 | 42 | 43 | 45,727 | 47,732 | 96.6 | 96.5 |
| South | 36 | 36 | 36 | 41,777 | 42,453 | 97.9 | 98.0 |
| Midlands & East | 41 | 41 | 40 | 51,831 | 51,800 | 97.1 | 96.6 |
| London | 24 | 23 | 23 | 34,219 | 35,606 | 96.4 | 96.8 |

Chart 1. ID1 – Completeness of returns: Q4 2015 to 2016

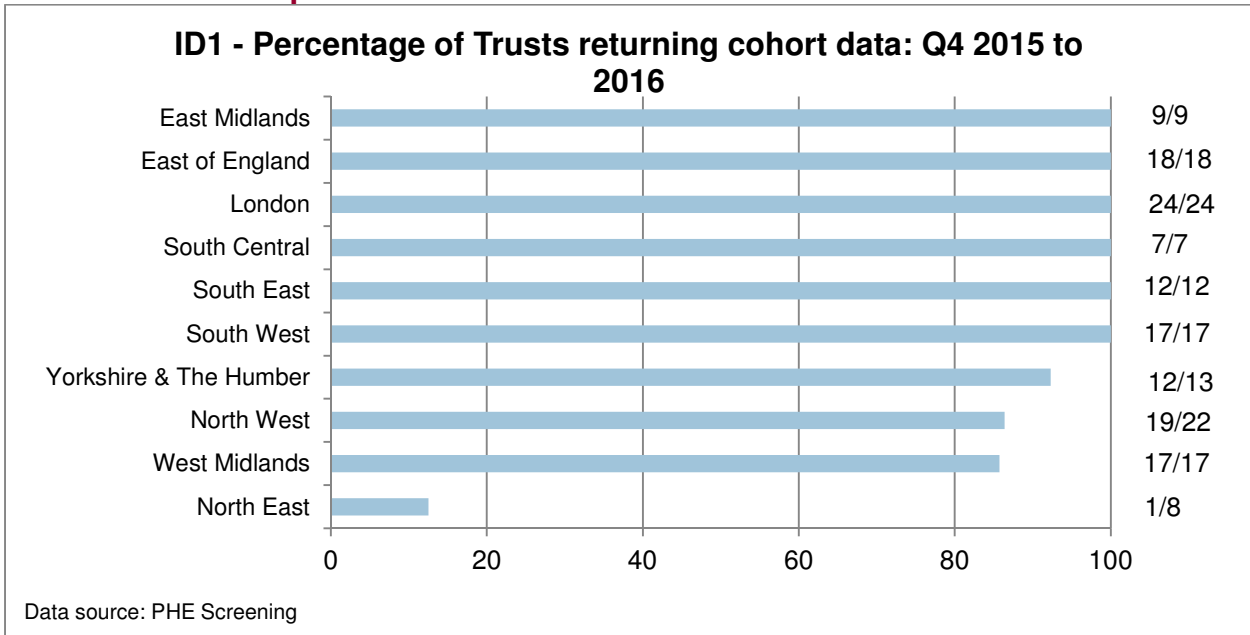
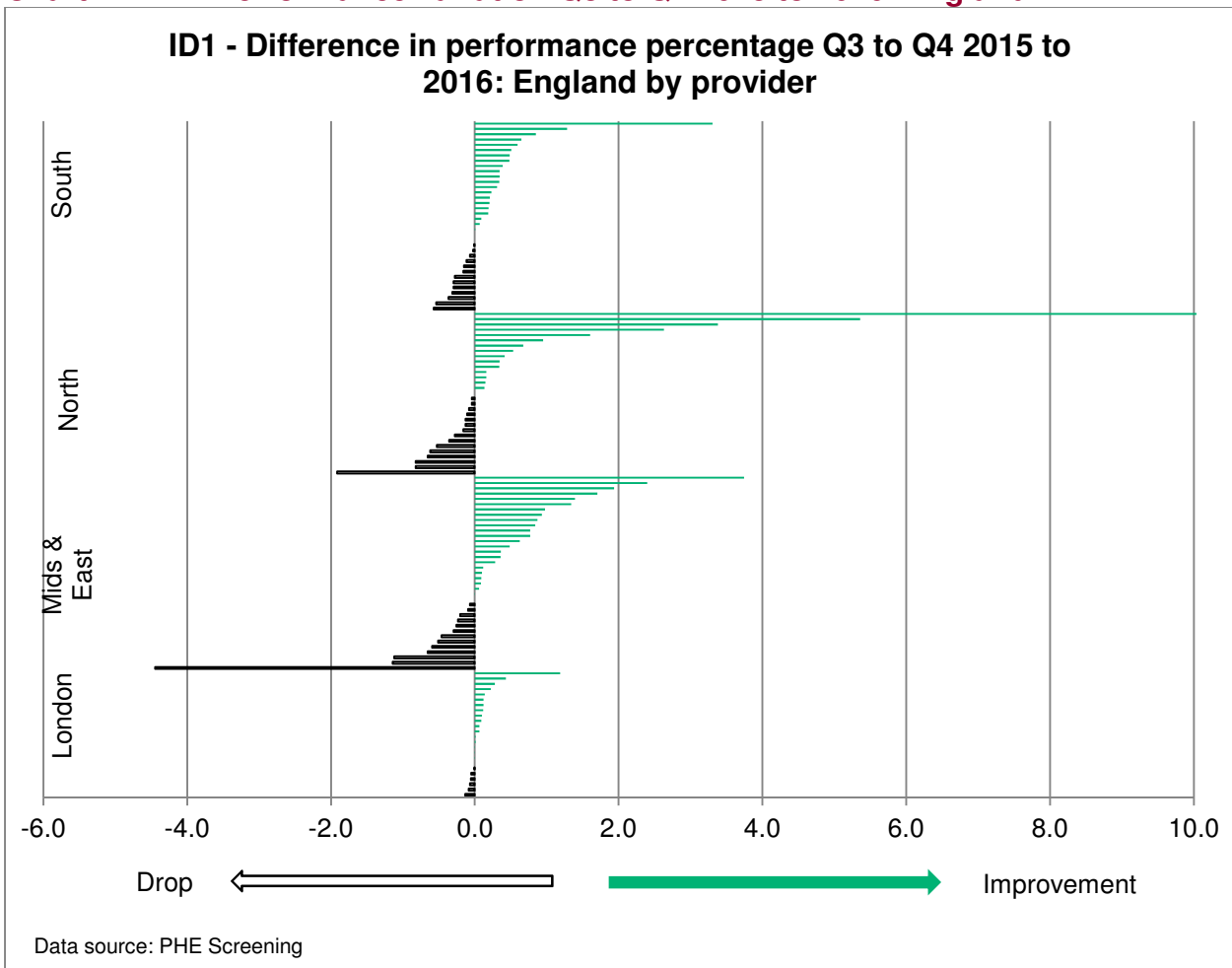


Chart 2. ID1 – Performance variation Q3 to Q4 2015 to 2016: England




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 75% 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

| Q4 KPI national average | Achievable | Acceptable | No. of submissions |
|---------------------------|------------|------------|-----------------------|
| 98.4% (148,406 / 150,880) | ≥ 99.5% | ≥ 95.0% | 100.0% (110 / 110)(→) |

Performance of NH1 in Q4 (98.4%) was higher than the previous two quarters and equal to the performance in Q1 2015 to 2016.

| Q1 2015 to 2016 | Q2 2015 to 2016 | Q3 2015 to 2016 | Q4 2015 to 2016 | Trend |
|-----------------|-----------------|-----------------|-----------------|---|
| 98.4 | 98.0 | 98.0 | 98.4 |  |

There are numerous site changes throughout 2015 to 2016 that need to be considered when interpreting data. A detailed explanation is provided in the published Q4 KPI data file. 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 three sites reporting less than the acceptable value of 95.0%. The highest sample standard deviation was reported in the East of England sub region. This is because of one provider not meeting the acceptable threshold due to an ongoing data issue where military babies are recorded as part of their population. The NHSP and NHS Digital are working to resolve this.


| NH1 | Expected submissions in Q4* | No. of submissions Q4 | Numerator | | Performance (%) | |
|-----------------|-----------------------------|-----------------------|-----------|--------|-----------------|------|
| | | | Q3 | Q4 | Q3 | Q4 |
| North | 35 | 35 | 41,804 | 40,005 | 97.8 | 98.0 |
| South | 25 | 25 | 36,312 | 34,678 | 98.0 | 98.7 |
| Midlands & East | 37 | 37 | 45,746 | 44,209 | 98.4 | 98.7 |
| London | 13 | 13 | 30,050 | 29,514 | 97.6 | 97.9 |

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

NH2: Newborn hearing screening – timely assessment for screen referrals

| Q4 KPI national average | Achievable | Acceptable | No. of submissions |
|-------------------------|------------|------------|-----------------------|
| 88.3% (3,866 / 4,378) | 100.0% | ≥ 90.0% | 100.0% (110 / 110)(→) |

Performance of NH2 in Q4 (88.3%) was higher than the previous three quarters. However, performance still remains below the acceptable threshold of 90%.

| Q1 2015 to 2016 | Q2 2015 to 2016 | Q3 2015 to 2016 | Q4 2015 to 2016 | Trend |
|-----------------|-----------------|-----------------|-----------------|---|
| 86.2 | 87.3 | 86.9 | 88.3 |  |

This is a small number KPI and additional care needs to be taken when interpreting performance values. One region (London) and two sub-regions (North West and East Midlands) met the acceptable level of 90.0%. The number of programmes not achieving the acceptable threshold has increased to 60 (from 51 in Q3, and 58 in Q2 2015 to 2016). Overall 512 babies did not receive an audiological assessment within four weeks of referral.

The number of referred babies ranged from four to 329 per site; nine sites had over 100 referred babies.


| NH2 | Expected submissions in Q4* | No. of submissions Q4 | Numerator | | Performance (%) | |
|-----------------|-----------------------------|-----------------------|-----------|-------|-----------------|------|
| | | | Q3 | Q4 | Q3 | Q4 |
| North | 35 | 35 | 1,257 | 1,174 | 85.8 | 86.1 |
| South | 25 | 26 | 638 | 672 | 85.3 | 87.2 |
| Midlands & East | 37 | 37 | 1,215 | 1,191 | 88.0 | 89.3 |
| London | 13 | 13 | 794 | 829 | 88.3 | 91.1 |

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

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

| Q4 KPI national average | Achievable | Acceptable | No. of submissions |
|---------------------------|------------|------------|-----------------------|
| 96.2% (148,196 / 154,099) | ≥ 99.9% | ≥ 95.0% | 100.0% (209 / 209)(↑) |

Performance of NB1 in Q4 is higher in comparison to the previous three quarters and is above the acceptable threshold of 95.0%.

| Q1 2015 to 2016 | Q2 2015 to 2016 | Q3 2015 to 2016 | Q4 2015 to 2016 | Trend |
|-----------------|-----------------|-----------------|-----------------|---|
| 95.6 | 95.8 | 94.7 | 96.2 |  |

Completeness has improved in all regions over the previous four quarters. Performance increased from Q3 to Q4 2015 to 2016 across all regions.

The highest sample standard deviation was reported in the North West sub-region.


| NB1 | Expected submissions | No. of submissions | | Numerator | | Performance (%) | |
|-----------------|----------------------|--------------------|----|-----------|--------|-----------------|------|
| | | Q3 | Q4 | Q3 | Q4 | Q3 | Q4 |
| North | 66 | 66 | 66 | 38,349 | 38,656 | 93.1 | 95.6 |
| South | 50 | 50 | 50 | 36,359 | 38,652 | 93.9 | 95.1 |
| Midlands & East | 61 | 61 | 61 | 45,224 | 44,013 | 96.4 | 96.9 |
| London | 32 | 32 | 30 | 26,835 | 26,875 | 95.4 | 97.4 |

NB2: Newborn blood spot screening – avoidable repeat tests

| Q4 KPI national average | Achievable | Acceptable | No. of submissions |
|-------------------------|------------|------------|----------------------|
| 3.6% (5,698 / 159,702) | ≤ 0.5% | ≤ 2.0% | 99.3% (143 / 144)(↘) |

Performance of NB2 in Q4 is slightly higher to the previous quarter (3.4%) but below the high of 4.4% in Q1.

Polarity: Low % is good for this indicator.

| Q1 2015 to 2016 | Q2 2015 to 2016 | Q3 2015 to 2016 | Q4 2015 to 2016 | Trend |
|-----------------|-----------------|-----------------|-----------------|---|
| 4.4 | 3.4 | 3.4 | 3.6 |  |

All regions, except the North, 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 is better.

In April 2015, English newborn screening laboratories implemented a national consensus 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. In Q4 there were 27 providers whose performance was $\leq 2.0\%$; there were no providers that met the achievable threshold ($\leq 0.5\%$).

| NB2 | Expected submissions | No. of submissions | | Numerator | | Performance (%) | |
|-----------------|----------------------|--------------------|----|-----------|-------|-----------------|-----|
| | | Q3 | Q4 | Q3 | Q4 | Q3 | Q4 |
| North | 43 | 43 | 42 | 1,707 | 1,543 | 3.7 | 3.5 |
| South | 36 | 36 | 36 | 1,420 | 1,638 | 3.8 | 4.4 |
| Midlands & East | 41 | 41 | 41 | 1,687 | 1,534 | 3.4 | 3.3 |
| London | 24 | 24 | 24 | 932 | 983 | 2.7 | 3.1 |

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


This KPI was introduced in Q1 2015 to 2016 and replaced NB3 (timeliness of result availability). Q4 is now the fourth quarter in which we have collected data. Due to concerns over data quality and robustness it will not be publically available at the provider or regional level for Q4.

In Q4, completeness of data of NB4 was 100%, with data submitted for all 209 CCGs.

NP1: Newborn and infant physical examination screening – coverage

| Q4 KPI national average | Achievable | Acceptable | No. of submissions |
|---------------------------|---------------|---------------|-----------------------------------|
| 94.4% (115,547 / 122,358) | $\geq 99.5\%$ | $\geq 95.0\%$ | 79.2% (114 / 144)(⁷) |

Performance of NP1 in Q4 is equal 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 possible data quality issues.

| Q1 2015 to 2016 | Q2 2015 to 2016 | Q3 2015 to 2016 | Q4 2015 to 2016 | Trend |
|-----------------|-----------------|-----------------|-----------------|---|
| 94.6 | 92.9 | 94.4 | 94.4 |  |


Completeness of the NIPE KPIs has increased each quarter, in Q4 114 out of 144 providers (79.2%) submitted data, with 94 providers stating NIPE SMART as the data source (10 more providers than in Q3). The completeness of data by region varies considerably, from 54.2% complete in the London region to 90.7% complete in the North region. Providers not using NIPE SMART are not using the failsafe function provided by the system and therefore the data they submit may not be robust.

| NP1 | Expected submissions | No. of submissions | | Numerator | | Performance (%) | |
|-----------------|----------------------|--------------------|----|-----------|--------|-----------------|------|
| | | Q3 | Q4 | Q3 | Q4 | Q3 | Q4 |
| North | 43 | 34 | 39 | 34,737 | 35,386 | 94.4 | 93.8 |
| South | 36 | 24 | 25 | 23,198 | 24,452 | 96.3 | 97.0 |
| Midlands & East | 41 | 36 | 37 | 41,239 | 39,431 | 93.5 | 92.6 |
| London | 24 | 11 | 13 | 13,875 | 16,278 | 94.5 | 96.5 |

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

| Q4 KPI national average | Achievable | Acceptable | No. of submissions |
|-------------------------|------------|------------|----------------------------------|
| 48.6% (191 / 393) | 100.0% | ≥ 95.0% | 65.3% (94 / 144)(¹) |

Performance of NP2 in Q4 (48.6%) is higher 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 possible data quality issues. This KPI is also a small number KPI and additional care needs to be taken when interpreting local performance values.

| Q1 2015 to 2016 | Q2 2015 to 2016 | Q3 2015 to 2016 | Q4 2015 to 2016 | Trend |
|-----------------|-----------------|-----------------|-----------------|---|
| 31.7 | 21.9 | 35.5 | 48.6 |  |

Completeness of data is improving, with 94 providers returning data in Q4 compared with 86 in Q3.

| NP2 | Expected submissions | No. of submissions | | Numerator | | Performance (%) | |
|-----------------|----------------------|--------------------|----|-----------|-----|-----------------|------|
| | | Q3 | Q4 | Q3 | Q4 | Q3 | Q4 |
| North | 43 | 30 | 30 | 43 | 42 | 20.9 | 40.4 |
| South | 36 | 18 | 17 | 50 | 34 | 38.5 | 26.8 |
| Midlands & East | 41 | 31 | 36 | 93 | 107 | 66.4 | 72.3 |
| London | 24 | 7 | 11 | 1 | 8 | 2.0 | 57.1 |


Young Person and Adult non-cancer screening programmes

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

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

| Q4 KPI national average | Achievable | Acceptable | No. of submissions |
|-------------------------------|------------|------------|---------------------|
| 83.0% (2,143,757 / 2,582,235) | ≥ 80.0% | ≥ 70.0% | 100.0% (71 / 71)(↑) |

Performance of DE1 in Q4 (83.0%) is lower than in Q3 (83.6%). The decrease in uptake in Q4 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, reducing the number of local programmes nationally from 83 to 71. 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.

| Q1 2015 to 2016 | Q2 2015 to 2016 | Q3 2015 to 2016 | Q4 2015 to 2016 | Trend |
|-----------------|-----------------|-----------------|-----------------|---|
| 82.8 | 82.9 | 83.6 | 83.0 |  |

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 53 programmes out of 71 reporting 80.0% or greater.


Highest sample standard deviation was reported in the South Central sub-region.

| DE1 | Expected submissions | No. of submissions | | Numerator | | Performance (%) | |
|-----------------|----------------------|--------------------|----|-----------|---------|-----------------|------|
| | | Q3 | Q4 | Q3 | Q4 | Q3 | Q4 |
| North | 26 | 26 | 26 | 654,658 | 654,057 | 83.2 | 82.9 |
| South | 20 | 19 | 20 | 458,409 | 478,518 | 82.6 | 82.2 |
| Midlands & East | 20 | 20 | 20 | 710,087 | 709,866 | 83.6 | 83.4 |
| London | 5 | 5 | 5 | 314,306 | 310,316 | 86.2 | 83.6 |

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

| Q4 KPI national average | Achievable | Acceptable | No. of submissions |
|---------------------------|------------|------------|---------------------|
| 96.2% (532,699 / 553,590) | ≥ 95.0% | ≥ 70.0% | 100.0% (71 / 71)(↗) |

Performance of DE2 in Q4 (96.2%) is higher in comparison to Q3 (95.8%). 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.

| Q1 2015 to 2016 | Q2 2015 to 2016 | Q3 2015 to 2016 | Q4 2015 to 2016 | Trend |
|-----------------|-----------------|-----------------|-----------------|---|
| 97.5 | 97.1 | 95.8 | 96.2 |  |


Nationally this KPI remains consistently above the achievable threshold of 95.0%. The highest sample standard deviation was reported in the Yorkshire and the Humber sub-region.

| DE2 | Expected submissions | No. of submissions | | Numerator | | Performance (%) | |
|-----------------|----------------------|--------------------|----|-----------|---------|-----------------|------|
| | | Q3 | Q4 | Q3 | Q4 | Q3 | Q4 |
| North | 26 | 26 | 26 | 155,238 | 171,178 | 97.5 | 93.9 |
| South | 20 | 19 | 20 | 109,171 | 124,546 | 95.9 | 95.0 |
| Midlands & East | 20 | 20 | 20 | 171,460 | 180,832 | 97.2 | 98.0 |
| London | 5 | 5 | 5 | 58,780 | 77,034 | 87.9 | 99.2 |

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

| Q4 KPI national average | Achievable | Acceptable | No. of submissions |
|-------------------------|------------|-------------|---------------------|
| 80.2% (1,585 / 1,977) | ≥ 80.0% | Not defined | 100.0% (71 / 71)(↗) |

Performance of DE3 in Q4 (80.2%) is higher in comparison to Q3 (77.9%). Nationally DE3 reached above the achievable threshold (80.0%) for three quarters out of four in 2015 to 2016.

| Q1 2015 to 2016 | Q2 2015 to 2016 | Q3 2015 to 2016 | Q4 2015 to 2016 | Trend |
|-----------------|-----------------|-----------------|-----------------|---|
| 80.3 | 80.2 | 77.9 | 80.2 |  |

This is a small number indicator and additional care needs to be taken when interpreting performance values. In Q4 the performance level ranged from 72.8% in the East of England sub-region, to 89.5% in the North East sub-region.


392 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 (%) | |
|-----------------|----------------------|--------------------|----|-----------|-----|-----------------|------|
| | | Q3 | Q4 | Q3 | Q4 | Q3 | Q4 |
| North | 26 | 26 | 26 | 492 | 472 | 77.7 | 80.3 |
| South | 20 | 19 | 20 | 273 | 320 | 77.3 | 79.4 |
| Midlands & East | 20 | 20 | 20 | 505 | 515 | 79.5 | 78.7 |
| London | 5 | 5 | 5 | 212 | 281 | 75.4 | 83.9 |

AA1: Abdominal aortic aneurysm screening – completeness of offer

| Q4 KPI national average | Achievable | Acceptable | No. of submissions |
|---------------------------|------------|------------|---------------------|
| 98.8% (281,989 / 285,287) | ≥ 99.0% | ≥ 90.0% | 100.0% (41 / 41)(→) |

The reporting period for this KPI is annual with an estimated expectation of offering to all quarters of the responsible cohort by the end of Q4. Performance of AA1 in Q4 was 98.8%, above the acceptable threshold (90.0%) and just lower than the achievable threshold (99.0%).

| Q1 2015 to 2016 | Q2 2015 to 2016 | Q3 2015 to 2016 | Q4 2015 to 2016 | Trend |
|-----------------|-----------------|-----------------|-----------------|---|
| 32.9 | 58.2 | 80.4 | 98.8 |  |

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

| AA1 | Expected submissions | No. of submissions | | Numerator | | Performance (%) | |
|-----------------|----------------------|--------------------|----|-----------|--------|-----------------|------|
| | | Q3 | Q4 | Q3 | Q4 | Q3 | Q4 |
| North | 8 | 8 | 8 | 63,040 | 82,135 | 76.0 | 99.2 |
| South | 11 | 11 | 11 | 63,252 | 75,371 | 82.4 | 98.4 |
| Midlands & East | 17 | 17 | 17 | 75,347 | 90,852 | 82.3 | 99.3 |
| London | 5 | 5 | 5 | 28,211 | 33,631 | 81.5 | 97.7 |

Appendix 1: Screening KPI descriptions

| Code | KPI Description |
|------------|---|
| ID1 | The proportion of pregnant women eligible for HIV screening for whom a conclusive screening result is available at the day of report. |
| ID2 | The proportion of pregnant women who are hepatitis B positive attending for specialist assessment within six weeks of the screen positive result being reported to providers. |
| FA1 | 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. |
| ST1 | 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. |
| ST2 | The proportion of women having antenatal sickle cell and thalassaemia screening for whom a conclusive screening result is available by 10 weeks' gestation. |
| ST3 | The proportion of antenatal sickle cell and thalassaemia samples submitted to the laboratory with a completed FOQ. |
| NB1 | The proportion of babies registered within the 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 within an effective timeframe. For this KPI, PKU is used as a proxy for all tests and the test must be completed by 17 days of age. |
| NB2 | The percentage of babies from whom it is necessary to take a repeat blood sample due to an avoidable failure in the sampling process. |
| NB4 | The proportion of babies registered within the CCG (or equivalent) 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) within an effective timeframe. For this KPI, PKU is used as a proxy for all tests and the test must be completed within 21 calendar days of the child health records department receiving notification of the baby being in the area. |
| NH1 | 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). |
| NH2 | The percentage of referred babies receiving audiological assessment within four weeks of the decision that referral for assessment is required or |

| | |
|------------|---|
| | by 44 weeks gestational age. |
| NP1 | The proportion of babies eligible for the newborn clinical physical examination who were tested within 72 hours of birth. |
| NP2 | The proportion of babies who, as a result of possible clinical abnormality of the hips being detected at the time of the newborn physical examination, undergo assessment by specialist hip ultrasound within two weeks of birth. |
| DE1 | The proportion of those offered a routine diabetic eye screening appointment who attend and complete a routine digital screening event. |
| DE2 | The proportion of subjects attending for diabetic eye screening to whom results were issued within three weeks of the screening event. |
| DE3 | 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. |
| AA1 | The proportion of men eligible for abdominal aortic aneurysm screening to whom an initial offer of screening is made. |

Appendix 2: Public Health Outcomes Framework (PHOF) screening indicators: Trends Q1 2014 to 2015 to Q4 2015 to 2016, England

