



Public Health
England



Professional Briefing for PHE and NHS England Screening KPIs

Q3 2015 to 2016

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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. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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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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Executive summary

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](#).

Please contact the screening helpdesk if you would like further information on screening KPIs (email: phe.screeninghelpdesk@nhs.net telephone: 0203 682 0890).

See Appendix 1 for KPI acronyms and descriptions.

Findings

This high-level report will focus on Q3 (1 October to 31 December 2015) data with a comparison to performance in the previous three quarters (since Q4 2014 to 2015, January to March). Completeness of data has improved with all providers in the England submitting data for ID2 and FA1. The south was the only region where data was submitted for all providers across the antenatal screening indicators. See table below.

Antenatal KPIs Q3 2015/16	Expected returns	Number of submitted returns					
		ID1	ID2	FA1	ST1	ST2	ST3
North	43	33	43	43	30	39	42
South	36	36	36	36	36	36	36
Midlands & East	41	38	41	41	38	41	41
London	24	24	24	24	24	24	23
England	144	131	144	144	128	140	142

HIV screening coverage (ID1) remains consistently high (98.8% in Q3) and above the achievable threshold of 95.0%. Overall, data completeness has remained approximately at 90.0% since Q4 2014 to 2015 with a small number of maternity service providers unable to submit matched cohort data.

The performance for timeliness of the referral to specialist assessment following identification for hepatitis B positive women (ID2) is consistently above the acceptable threshold (70.0%) over the previous 3 quarters and is an improvement of over five percentage points when compared to Q4 2014 to 2015. ID2 is a small number KPI with 28 out of 144 providers reporting zero cases in Q3. In this quarter in England, 196 (26.7%) hepatitis B screen positive women were not seen by an appropriate specialist within the recommended timeframe of 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 in Q3. The national performance for this KPI has met the acceptable threshold (97.0%) for the second quarter in a row.

Sickle cell and thalassaemia (SCT) screening coverage (ST1) was slightly lower in Q3 (98.8%) than the previous three quarters, dropping just below the achievable threshold (99.0%). As with ID1, completeness of data remains an issue with 16 providers unable to provide matched cohort data for Q3.

Over the last four quarters, the national performance of a conclusive screening result for SCT available by 10 weeks gestation (ST2) has improved consistently, up to 53.3% in Q3 compared with 49.7% in Q4 2014 to 2015. Despite these improvements nationally, at a local level 39 maternity service providers did not meet the acceptable level of 50.0% in Q3.

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 highest performance variation for newborn hearing screening coverage (NH1) was seen in the East of England sub-region in the last seven quarters. All regions reported below 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 Q3 at 86.9% resulting in 442 babies not receiving audiological assessment within four weeks of referral.

To ensure that consistent and high quality data submissions are made for newborn and infant physical examination KPIs, we encourage all maternity services to use the recommended national Newborn Infant Physical Examination (NIPE) screening management and reporting tool (NIPE SMART). In Q3, 105 out of 144 maternity service providers submitted data for NIPE coverage (NP1), with 84 stating NIPE SMART as the data source. For specialist hip ultrasound assessment by 14 days of age (NP2), 86 providers submitted data.

For newborn blood spot coverage (NB1), completeness has improved over the previous four quarters, with 99.0% of returns submitted for Q3. However, the national average in Q3 (94.9%) has dropped just beneath the acceptable threshold of 95.0%. The number of avoidable repeats for blood spot screening (NB2) has increased over the last three quarters (3.4% in Q3). This may be due to new guidance implemented in April 2015 regarding the quality of blood spot samples. Further information is provided on page 12.

Uptake of a 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 programmes in London (further information on page 16) and the extended screening intervals trial in the Liverpool DESP.

For the first time in Q1 and Q2 2015 to 2016 the proportion of screen positive diabetic eye subjects receiving consultation within four weeks (DE3) in England met the achievable threshold of 80.0%. In Q3, national performance slipped just below the threshold again, but this is a small number KPI and performance varied widely between sub-regions.


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

Q3 KPI national average	Achievable	Acceptable	No. of submissions
98.8% (167,466 / 169,484)	≥ 95.0%	≥ 90.0%	91.0% (131 / 144)(↗)

Performance of ID1 in Q3 (98.8%) was slightly lower than the previous quarter (99.0%). However, the performance of this KPI has stayed stable over the previous four quarters.

Q4 2014 to 2015	Q1 2015 to 2016	Q2 2015 to 2016	Q3 2015 to 2016	Trend
98.8	99.0	99.0	98.8	

Reported coverage for HIV is consistently high with all but one maternity service provider that submitted data reporting performance above the acceptable threshold of 90.0%. Completeness remains an issue with 13 providers not providing data. Two regions (London and South) had complete data from all providers. See Chart 1.

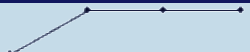
Performance variation of the data (measured as the sample standard deviation) from Q2 to Q3 2015 to 2016 was lowest in the London region. See Chart 2.

ID1	Expected submissions	No. of submissions		Numerator		Performance (%)	
		Q2	Q3	Q2	Q3	Q2	Q3
North	43	32	33	37,039	39,814	98.4	97.9
South	36	36	36	41,441	42,069	99.3	99.2
Midlands & East	41	37	38	45,122	47,318	98.8	98.5
London	24	24	24	37,325	38,265	99.7	99.8

ID2: Timely referral of hepatitis B positive women for specialist assessment

Q3 KPI national average	Achievable	Acceptable	No. of submissions
73.3% (539 / 735)	≥ 90.0%	≥ 70.0%	100.0% (144 / 144)(→)

Performance of ID2 in Q3 (73.3%) is **equal** to the previous 2 quarters and higher than it was in Q4 2014 to 2015.

Q4 2014 to 2015	Q1 2015 to 2016	Q2 2015 to 2016	Q3 2015 to 2016	Trend
67.9	73.4	73.3	73.3	

The number of women found to have hepatitis B in a quarter is small for many providers, ranging from zero cases (28 providers) to 26 cases (one provider in London), with 25 providers in England reporting more than 10 cases.


42% of all cases (310/735) are found in London, with 65.8% (204/310) of women in London seen by a specialist within six weeks.

ID2	Expected submissions	No. of submissions		Numerator		Performance (%)	
		Q2	Q3	Q2	Q3	Q2	Q3
North	43	43	43	87	91	70.2	71.1
South	36	36	36	72	87	80.0	82.9
Midlands & East	41	41	41	154	157	81.9	81.8
London	24	24	24	230	204	67.8	65.8

FA1: Laboratory form completion

Q3 KPI national average	Achievable	Acceptable	No. of submissions
97.0% (121,010 / 124,780)	100.0%	≥ 97.0%	100.0% (144 / 144)(→)

Performance of FA1 in Q3 (97.0%) is equal to the previous quarter and nationally has met the acceptable threshold for the second quarter in a row.

Q4 2014 to 2015	Q1 2015 to 2016	Q2 2015 to 2016	Q3 2015 to 2016	Trend
96.4	96.3	97.0	97.0	

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


The Midlands and East and London regions both exceeded the acceptable performance threshold (97.4% and 97.6% respectively). The highest sample standard deviation between providers was reported in the Yorkshire and The Humber and South East sub-regions.

FA1	Expected submissions	No. of submissions		Numerator		Performance (%)	
		Q2	Q3	Q2	Q3	Q2	Q3
North	43	43	43	25,698	25,952	96.3	96.5
South	36	36	36	31,246	30,892	96.3	96.3
Midlands & East	41	41	41	34,424	36,424	97.6	97.4
London	24	24	24	27,144	27,742	97.7	97.6

ST1: Antenatal sickle cell and thalassaemia screening coverage

Q3 KPI national average	Achievable	Acceptable	No. of submissions
98.8% (164,700 / 166,721)	≥ 99.0%	≥ 95.0%	88.9% (128 / 144)(↘)

Performance of ST1 in Q3 (98.8%) is slightly lower than the previous three quarters.

Q4 2014 to 2015	Q1 2015 to 2016	Q2 2015 to 2016	Q3 2015 to 2016	Trend
99.0	99.1	99.1	98.8	

London and the South regions submitted complete data for Q3. Completeness remains an issue with 16 providers not submitting data.


Five providers are not meeting the acceptable performance threshold of 95.0%, with three reporting performance less than 90.0%. Nationally, the average performance for Q3 has dropped below the achievable level of 99.0%. The highest sample standard deviation between providers was reported in the North West and Yorkshire and The Humber sub-regions.

ST1	Expected submissions	No. of submissions		Numerator		Performance (%)	
		Q2	Q3	Q2	Q3	Q2	Q3
North	43	31	30	35,932	36,744	98.6	97.6
South	36	36	36	41,338	41,997	99.2	99.0
Midlands & East	41	38	38	47,558	47,712	98.8	98.8
London	24	24	24	37,338	38,247	99.7	99.8

ST2: Timeliness - conclusive screening result for sickle cell and thalassemia available by 10 weeks of gestation

Q3 KPI national average	Achievable	Acceptable	No. of submissions
53.3% (94,757 / 177,692)	≥ 75.0%	≥ 50.0%	97.2% (140 / 144)(7)

Performance of ST2 has improved consistently over the previous four quarters, from 49.7% in Q4 2014 to 2015 up to 53.3% in Q3 2015 to 2016.

Q4 2014 to 2015	Q1 2015 to 2016	Q2 2015 to 2016	Q3 2015 to 2016	Trend
49.7	50.9	51.7	53.3	

The biggest increases in performance between Q4 2014 to 2015 and Q3 2015 to 2016 were seen in the Yorkshire and The Humber and the West Midlands sub-regions. Yorkshire and The Humber increased to 69.6% from 62.8%, and the West Midlands increased to 48.8% from 42.2%.

Despite these improvements, timeliness for SCT screening remains an area of concern with five providers reporting performance values of less than 10.0% in Q3, and 39 providers not meeting the acceptable level.


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 (%)	
		Q2	Q3	Q2	Q3	Q2	Q3
North	43	39	39	25,400	27,429	57.8	61.2
South	36	35	36	23,204	24,194	56.1	56.6
Midlands & East	41	40	41	28,261	30,096	54.1	56.7
London	24	24	24	12,888	13,038	35.7	35.2

ST3: Antenatal sickle cell and thalassaemia screening - completion of Family Origin Questionnaire (FOQ)

Q3 KPI national average	Achievable	Acceptable	No. of submissions
97.0% (173,554 / 178,880)	≥ 95.0%	≥ 90.0%	98.6% (142 / 144)(↑)

Performance of ST3 has slightly improved over the last couple of quarters and has stayed consistently above the achievable threshold over the last four quarters.

Q4 2014 to 2015	Q1 2015 to 2016	Q2 2015 to 2016	Q3 2015 to 2016	Trend
96.8	96.6	97.0	97.0	

All sub regions met the acceptable and achievable levels in Q3. There were five providers from across England that reported performance values lower than the acceptable level of 90.0%, however this is down from 10 providers Q1. In Q3, 119 (from 144) providers are exceeding the achievable performance threshold level of 95.0%.

Highest sample standard deviation was reported in the Yorkshire and The Humber sub-region.

ST3	Expected submissions	No. of submissions		Numerator		Performance (%)	
		Q2	Q3	Q2	Q3	Q2	Q3
North	43	42	42	46,324	45,727	97.9	96.6
South	36	36	36	41,389	41,777	97.9	97.9
Midlands & East	41	40	41	50,398	51,831	96.0	97.1
London	24	21	23	30,480	34,219	96.0	96.4

Chart 1. ID1 – Completeness of returns: Q3 2015 to 2016

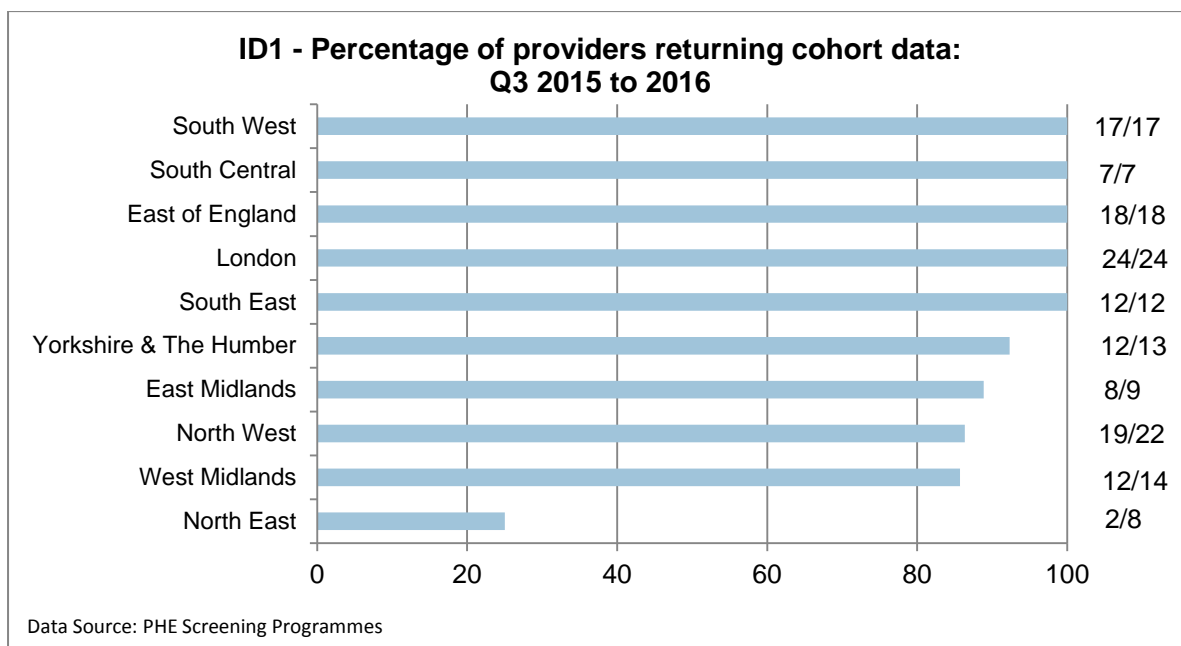
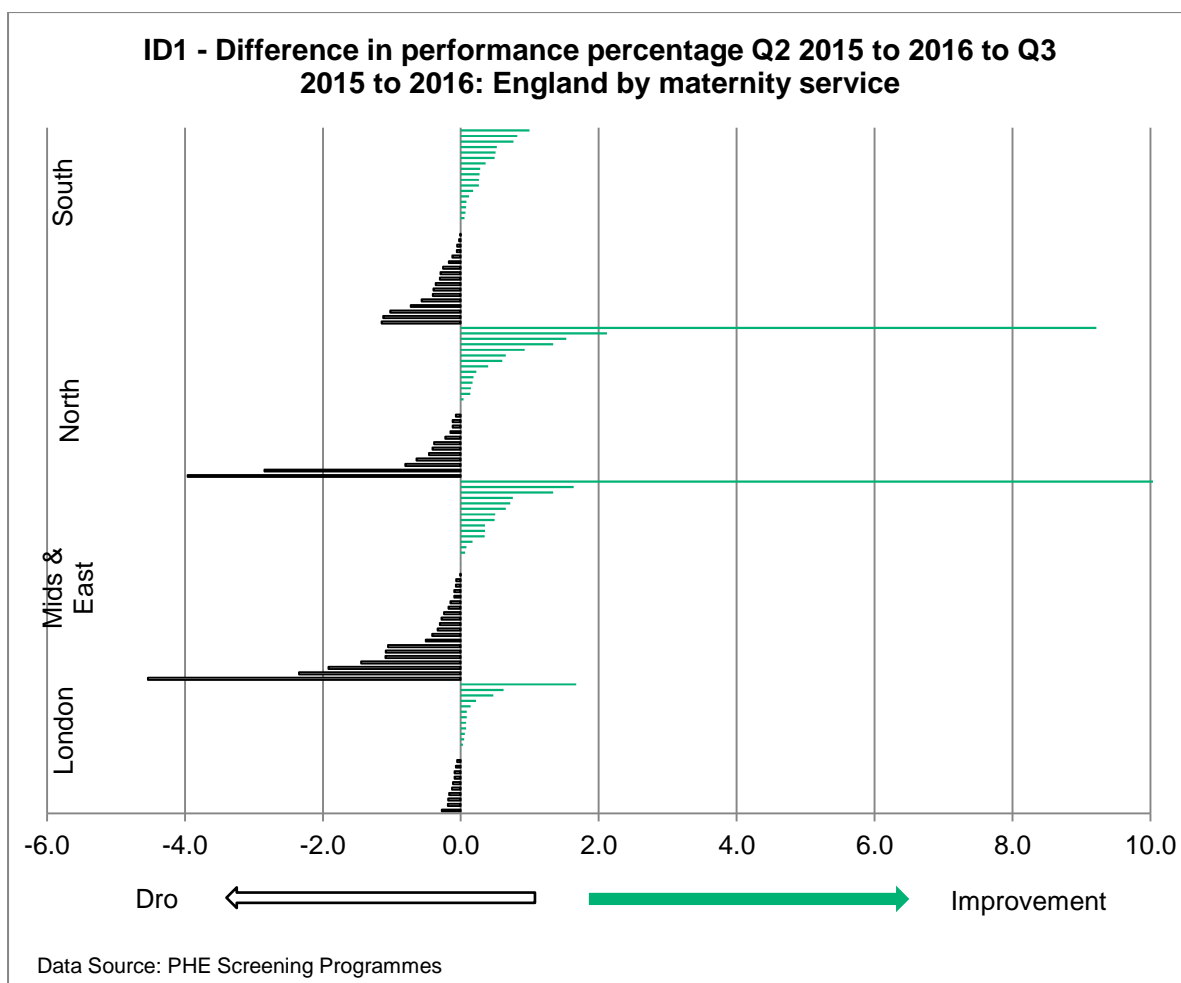


Chart 2. ID1 – Performance variation Q2 2015 to 16 to Q3 2015 to 16: England




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

Q3 KPI national average	Achievable	Acceptable	No. of submissions
98.0% (153,912 / 157,056)	≥ 99.5%	≥ 95.0%	100.0% (112 / 112)(→)

Performance of NH1 in Q3 was **equal** to the previous quarter (98.0%).

Q4 2014 to 2015	Q1 2015 to 2016	Q2 2015 to 2016	Q3 2015 to 2016	Trend
98.3	98.4	98.0	98.0	

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 [Q3 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 6 sites reporting less than the acceptable value of 95.0%.


The highest sample standard deviation was reported in the East of England sub-region.

NH1	Expected submissions	No. of submissions		Numerator		Performance (%)	
		Q2	Q3	Q2	Q3	Q2	Q3
North	35	35	35	43,469	41,804	98.1	97.8
South	26	26	26	37,859	36,312	98.3	98.0
Midlands & East	38	38	38	48,280	45,746	98.3	98.4
London	13	13	13	31,154	30,050	97.1	97.6

NH2: Audiological assessment received within four weeks of referral or by 44 weeks gestational age

Q3 KPI national average	Achievable	Acceptable	No. of submissions
86.9% (3,901 / 4,493)	100.0%	≥ 90.0%	100.0% (112 / 112)(→)

Performance of NH2 in Q3 (86.9%) was slightly lower than Q2 (87.3%), and remains lower than the acceptable threshold of 90%.

Q4 2014 to 2015	Q1 2015 to 2016	Q2 2015 to 2016	Q3 2015 to 2016	Trend
85.2	86.2	87.3	86.9	

Three sub-regions (North West, South West and the East Midlands) met the acceptable level of 90.0%. The number of programmes not achieving the acceptable threshold has decreased to 51 in Q3, (from 58 in Q2 2015 to 2016). This still resulted in 442 babies not receiving an audiological assessment within 4 weeks of referral.


This is a small number KPI and additional care needs to be taken when interpreting performance values. The number of referred babies ranged from 2 to 310 per site with over half of all referrals made from 10 sites.

NH2	Expected submissions	No. of submissions		Numerator		Performance (%)	
		Q2	Q3	Q2	Q3	Q2	Q3
North	35	35	35	1,150	1,257	87.1	85.8
South	26	26	26	587	638	88.7	85.3
Midlands & East	38	38	38	1,256	1,215	87.5	88.0
London	13	13	13	738	794	86.1	88.3

NB1: Newborn blood spot screening – coverage

Q3 KPI national average	Achievable	Acceptable	No. of submissions
94.9% (144,433 / 152,243)	≥ 99.9%	≥ 95.0%	99.0% (207 / 209)(↘)

Performance of NB1 in Q3 is lower in comparison to the previous three quarters and has fallen just below the acceptable threshold of 95.0%.

Q4 2014 to 2015	Q1 2015 to 2016	Q2 2015 to 2016	Q3 2015 to 2016	Trend
95.9	95.6	95.8	94.9	

Completeness has improved in all regions over the previous 4 quarters except London. Highest sample standard deviation was reported in the South West sub-region.


NB1	Expected submissions	No. of submissions		Numerator		Performance (%)	
		Q2	Q3	Q2	Q3	Q2	Q3
North	66	65	66	39,575	38,349	94.6	93.1
South	50	50	50	35,956	36,359	95.2	93.9
Midlands & East	61	61	61	45,916	44,497	96.9	96.4
London	32	30	30	26,328	25,228	96.7	96.5

NB2: Newborn blood spot screening – avoidable repeat tests

Q3 KPI national average	Achievable	Acceptable	No. of submissions
3.4% (5,746 / 168,502)	≤ 0.5%	≤ 2.0%	100.0% (144 / 144)(→)

Performance of NB2 in Q3 is equal to the previous quarter (3.4%)

Polarity: Low % is good for this indicator

Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	Trend
2.9	4.4	3.4	3.4	

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 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 extremely 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 Q3 there were 29 providers whose performance was ≤ 2.0%; there were no providers that met the achievable threshold (≤ 0.5%)

NB2	Expected submissions	No. of submissions		Numerator		Performance (%)	
		Q2	Q3	Q2	Q3	Q2	Q3
North	43	43	43	1,653	1,707	3.6	3.7
South	36	36	36	1,343	1,420	3.6	3.8
Midlands & East	41	41	41	1,795	1,687	3.6	3.4
London	24	24	24	898	932	2.6	2.7

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


This KPI was introduced in Q1 2015 to 2016 and replaced NB3 (timeliness of result availability). Q3 is now the third quarter of collected data. Due to concerns over data quality and robustness it will not be publically available at the provider or regional level.

In Q3, completeness of data of NB4 was 99%, with only two out of 209 CCGs not submitting data.

NP1: Newborn and infant physical examination (NIPE) – coverage

Q3 KPI national average	Achievable	Acceptable	No. of submissions
94.4% (113,049 / 119,697)	≥ 99.5%	≥ 95.0%	72.9% (105 / 144)(↗)

Performance of NP1 in Q3 is higher compared with the previous quarter (92.9%). We don't advise making a direct trend comparison between national and regional averages because of a significant number of incomplete submissions and possible data quality issues.

Q4 2014 to 2015	Q1 2015 to 2016	Q2 2015 to 2016	Q3 2015 to 2016	Trend
93.2	94.6	92.9	94.4	

Completeness of the NIPE KPIs has increased each quarter, in Q3 105 out of 144 providers (72.9%) submitted data, with 84 providers stating NIPE SMART as the data source. The completeness of data by region varies considerably, from 87.8% complete in the Midlands & East region to 45.8% in London.


NP1	Expected submissions	No. of submissions		Numerator		Performance (%)	
		Q2	Q3	Q2	Q3	Q2	Q3
North	43	35	34	35,538	34,737	92.8	94.4
South	36	23	24	23,606	23,198	94.9	96.3
Midlands & East	41	34	36	36,959	41,239	91.8	93.5
London	24	7	11	7,865	13,875	93.3	94.5

NP2: NIPE - Specialist hip ultrasound assessment by 14 days of age

Q3 KPI national average	Achievable	Acceptable	No. of submissions
35.5% (187 / 527)	100.0%	≥ 95.0%	59.7% (86 / 144)(↗)

Performance of NP2 in Q3 is higher compared with the previous quarter (21.9%). As with NP1, we don't advise making a direct trend comparison between national and regional averages because of a significant 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.

However completeness of data is improving with 86 providers returning data in Q3 2015 to 2016 compared with 76 in Q2.

Q4 2014 to 2015	Q1 2015 to 2016	Q2 2015 to 2016	Q3 2015 to 2016	Trend
44.4	31.7	21.9	35.5	

The number of providers that submitted data this quarter increased across all regions compared with the previous quarter.

NP2	Expected submissions	No. of submissions		Numerator		Performance (%)	
		Q2	Q3	Q2	Q3	Q2	Q3
North	43	27	30	44	43	14.5	20.9
South	36	13	18	8	50	7.5	38.5
Midlands & East	41	31	31	88	93	39.6	66.4
London	24	5	7	3	1	13.6	2.0


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 – uptake of digital screening encounter

Q3 KPI national average	Achievable	Acceptable	No. of submissions
83.6% (2,128,460 / 2,545,259)	≥ 80.0%	≥ 70.0%	98.6% (70 / 71)(↗)

Performance of DE1 in Q3 (83.6%) has improved in comparison to the previous three quarters. 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. From Q3 2015 to 2016, data for the reprocured local programmes will be shown.

Q4 2014 to 2015	Q1 2015 to 2016	Q2 2015 to 2016	Q3 2015 to 2016	Trend
82.9	82.8	82.9	83.6	

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 54 programmes out of 71 reporting 80.0% or greater.


Highest performance variation was reported in the London region.

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

Q3 KPI national average	Achievable	Acceptable	No. of submissions
95.8% (494,649 / 516,296)	≥ 95.0%	≥ 70.0%	98.6% (70 / 71)(↗)

Performance of DE2 in Q3 is lower in comparison to the previous three quarters. As part of the London DES local programmes reprocurement, the former Lambeth, Southwark and Lewisham programme merged with the Bexley, Bromley and Greenwich programme. The Bexley, Bromley and Greenwich programme was not on common pathway compliant software. Data regarding letters sent did not migrate over, which has resulted in an underestimate of the result letters sent for the newly formed South East London programme and subsequently lowered the percentage of DE2 for Q3. In addition, 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 also contributed to the drop of performance of DE2.

Q4 2014 to 2015	Q1 2015 to 2016	Q2 2015 to 2016	Q3 2015 to 2016	Trend
97.4	97.5	97.1	95.8	


However, this KPI remains consistently high across England with all regions (except London as discussed) performing above the achievable threshold of 95.0%.

Outside London, the highest performance variation was reported in the West Midlands sub-region.

DE3: Diabetic eye – timely consultation for R3 screen positive

Q3 KPI national average	Achievable	Acceptable	No. of submissions
77.9% (1,483 / 1,903)	≥ 80.0%	Not defined	98.6% (70 / 71)(↑)

Performance of DE3 in Q3 is lower in comparison to the previous three quarters. For the first time over Q1 and Q2 2015 to 2016 England met the 80.0% achievable performance level. For Q3, performance slipped just below the achievable threshold.

Q4 2014 to 2015	Q1 2015 to 2016	Q2 2015 to 2016	Q3 2015 to 2016	Trend
79.2	80.3	80.2	77.9	


This is a small number indicator and additional care needs to be taken when interpreting performance values. In Q3 the performance level ranged from 71.0% in the South East sub-region, to 83.3% in the West Midlands sub-region.

420 screen positive subjects with referred proliferative diabetic retinopathy in England did not attend a HES consultation within four weeks of notification of positive test.

AA1: Abdominal aortic aneurysm screening - completeness of offer

Q3 KPI national average	Achievable	Acceptable	No. of submissions
80.4% (229,850 / 285,803)	≥ 75.0%	≥ 67.5%	100.0% (41 / 41)(→)

The reporting period for this KPI is annual with an estimated expectation of offering to three quarters of the responsible cohort by the end of Q3. Performance of AA1 in Q3 was 80.4%, above the achievable threshold of ≥ 75.0%. All sub-regions except the North West reached the achievable threshold.

Q4 2014 to 2015	Q1 2015 to 2016	Q2 2015 to 2016	Q3 2015 to 2016	Trend
97.3	32.9	58.2	80.4	

Annual performance thresholds are: Acceptable ≥ 90.0% and Achievable = 100.0%.

Appendices

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 4 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 Q3 2015 to 2016, England

