



Public Health
England



Screening KPI data summary factsheets

May 2018 – Issue 3

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-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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About PHE screening

Screening identifies apparently healthy people who may be at increased risk of a disease or condition, enabling earlier treatment or 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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www.gov.uk/topic/population-screening-programmes

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For queries relating to this document, please contact: phe.screeninghelpdesk@nhs.net

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Introduction

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

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

This report will focus on the most recent data collected with national comparisons to quarterly performance since 2014 to 2015 where available.

Please note this factsheet is not re-issued if the corresponding KPI data is updated.

Further information

This report should be read in conjunction with the full [KPI datasets for Q2 and Q3 2017 to 2018](#), and the [KPI reporting data definitions for 2017 to 2018](#).

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

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

Index of KPIs

Antenatal and newborn

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

Index of KPIs

Young person and adult

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

Infectious diseases in pregnancy (IDPS) programme

KPI ID1: HIV coverage

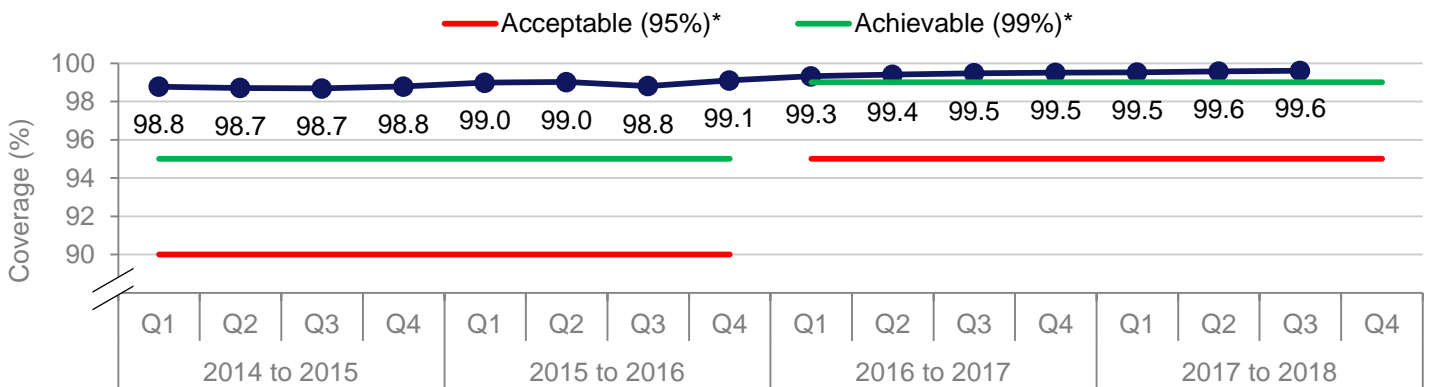


National performance of ID1 in Q3 has remained at its highest ever level at 99.6%

144 out of 147 screening providers met the acceptable threshold of 95% (3 providers did not submit)

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

National trend data

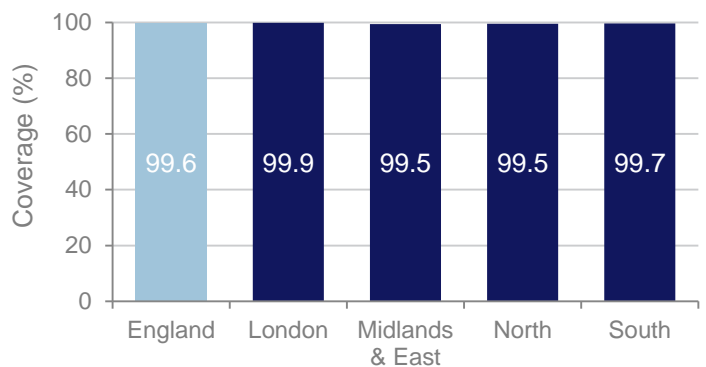


*Thresholds changed in 2016 to 2017

KPI ID1

Reporting period: **Q3 2017 to 2018**
 England
 - numerator = **165,799**
 - denominator = **166,454**
 - performance = **99.6%**
 Completeness of data: **98.0%**

Quarter 3 performance



KPI ID1 description

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

Reported by: Maternity service

Infectious diseases in pregnancy (IDPS) programme

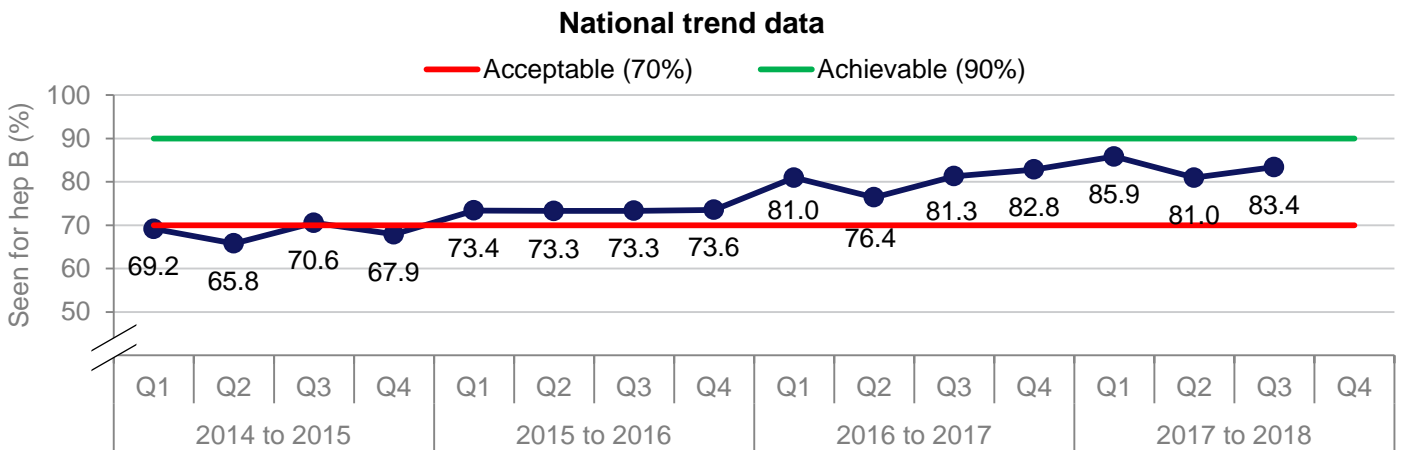
KPI ID2: Timely assessment of women with hepatitis B



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

National performance of ID2 has remained above the acceptable threshold (70%) for the last 5 quarters in a row

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

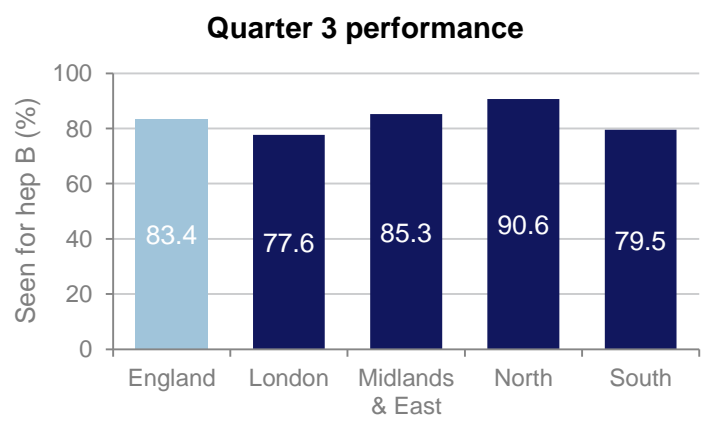


KPI ID2

Reporting period: **Q3 2017 to 2018**
 England

- numerator = **236**
- denominator = **283**
- performance = **83.4%**

Completeness of data: **99.3%**



KPI ID2 description

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

Reported by: Maternity service

Infectious diseases in pregnancy (IDPS) programme

KPI ID3: Hepatitis B coverage



ID3 is a new KPI introduced in 2017 to 2018. New KPIs are not published in the first year of data collection. This time is used to improve the data quality and completeness, by revising the definition, adding clarity and / or setting thresholds as required. After this time PHE Screening will review the data with the aim of publishing it from the following year

KPI ID3 description

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

Reported by: Maternity service

Infectious diseases in pregnancy (IDPS) programme

KPI ID4: Syphilis coverage



ID4 is a new KPI introduced in 2017 to 2018. New KPIs are not published in the first year of data collection. This time is used to improve the data quality and completeness, by revising the definition, adding clarity and / or setting thresholds as required. After this time PHE Screening will review the data with the aim of publishing it from the following year

KPI ID4 description

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

Reported by: Maternity service

Fetal anomaly screening programme (FASP)

KPI FA1: Completion of laboratory request forms

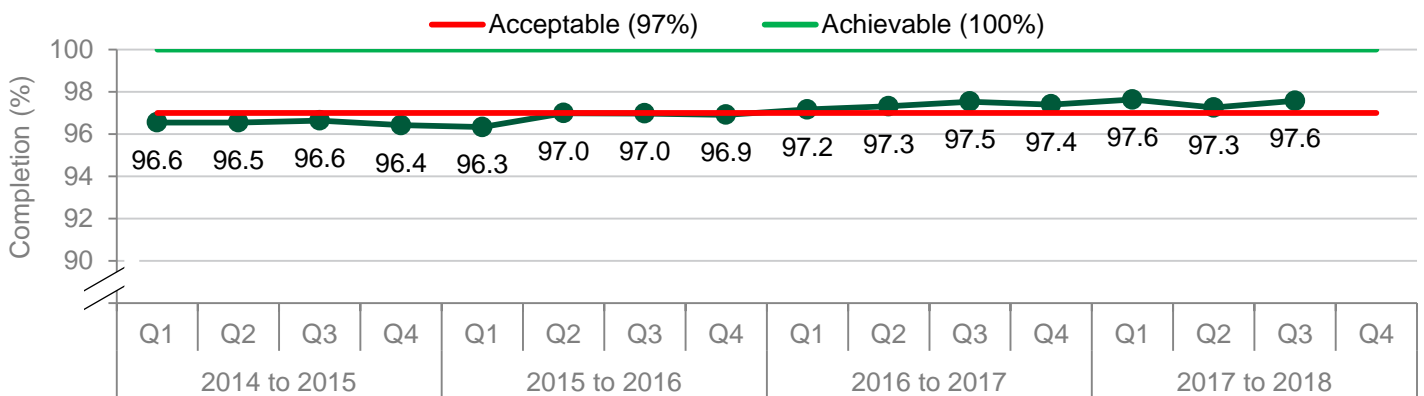


National performance of FA1 in Q3 was at its highest ever level at 97.6%

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

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

National trend data



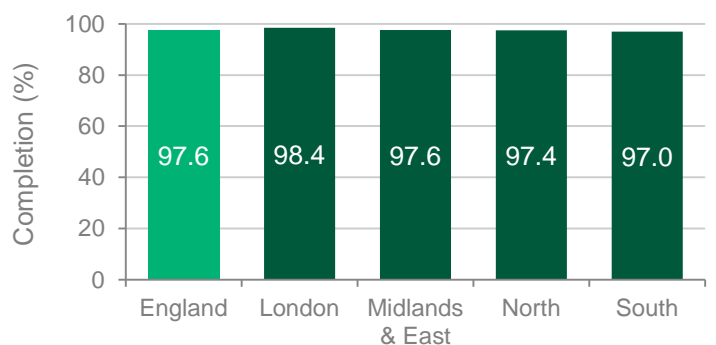
KPI FA1

Reporting period: **Q3 2017 to 2018**
England

- numerator = **119,697**
- denominator = **122,669**
- performance = **97.6%**

Completeness of data: **99.3%**

Quarter 3 performance



KPI FA1 description

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

Reported by: Maternity service

Fetal anomaly screening programme (FASP)

KPI FA2: Ultrasound coverage

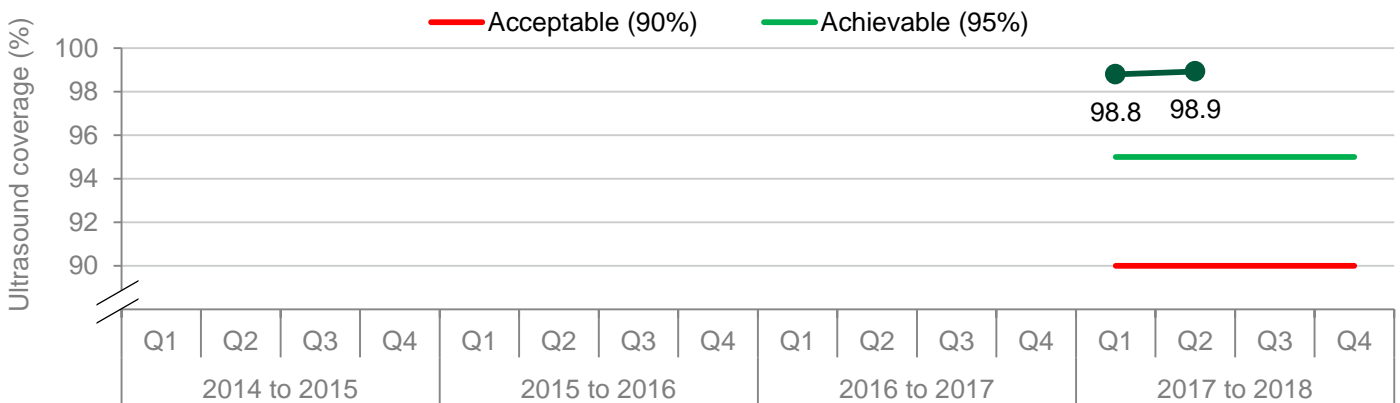


National performance of FA2 in Q2 was above the achievable threshold at 98.9%, with 116 out of 147 providers submitting data

117 out of 147 screening providers met the achievable threshold of 95% (25 providers did not submit)

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

National trend data



KPI FA2

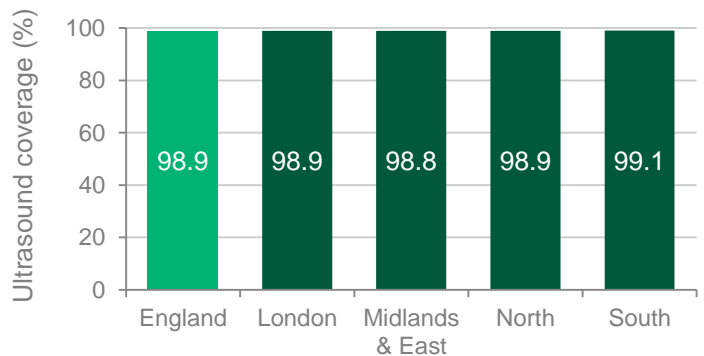
Reporting period: **Q2 2017 to 2018**

England

- numerator = **116,883**
- denominator = **118,150**
- performance = **98.9%**

Completeness of data: **83.0%**

Quarter 2 performance



KPI FA2 description

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

Reported by: Maternity service

Sickle cell and thalassaemia (SCT) screening programme

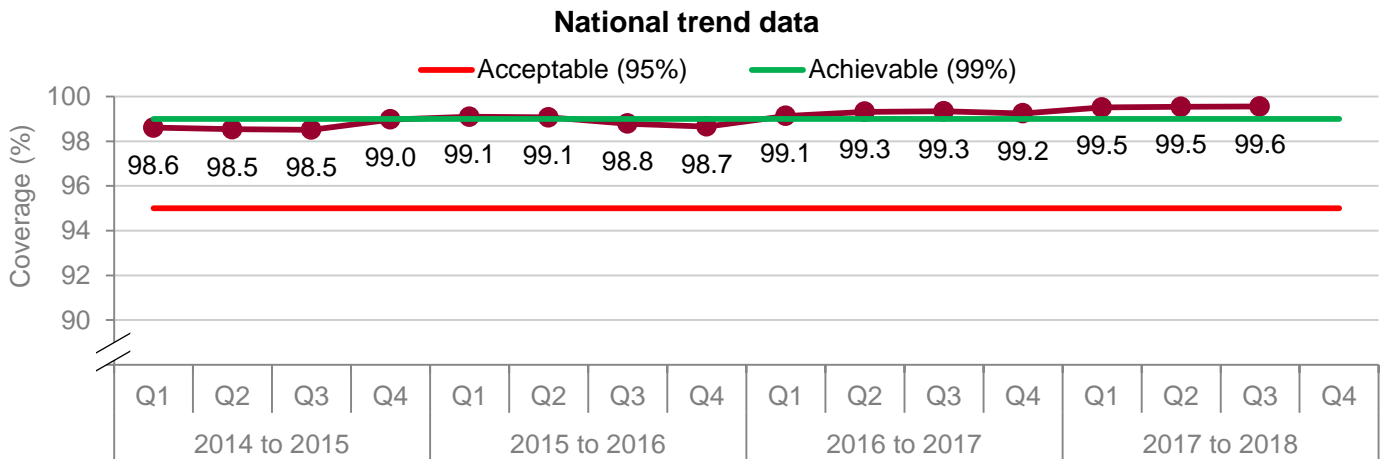
KPI ST1: Coverage



National performance of ST1 in Q3 reached its highest ever level recorded for this KPI at 99.6%

143 out of 147 screening providers met the acceptable threshold of 95% (3 providers did not submit)

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

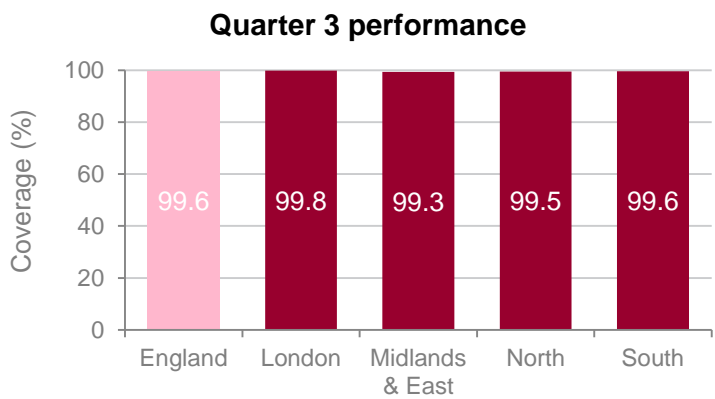


KPI ST1

Reporting period: **Q2 2017 to 2018**
 England

- numerator = **165,757**
- denominator = **166,504**
- performance = **99.6%**

Completeness of data: **98.0%**



KPI ST1 description

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

Reported by: Maternity service

Sickle cell and thalassaemia (SCT) screening programme

KPI ST2: Timeliness of test

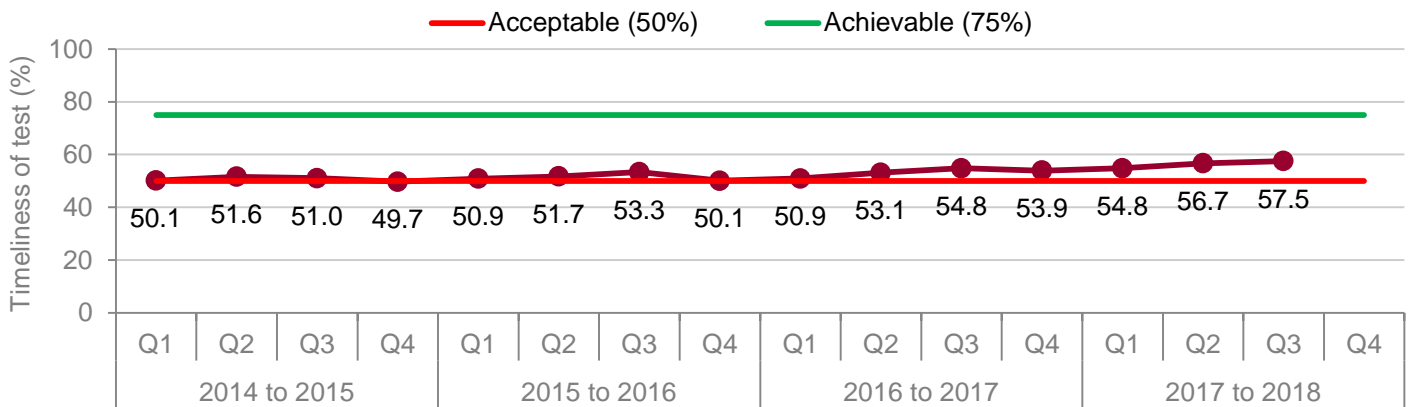


National performance of ST2 in Q3 was the highest ever recorded for this KPI at 57.5%

114 out of 147 screening providers met the acceptable threshold of 50% (5 providers did not submit)

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

National trend data



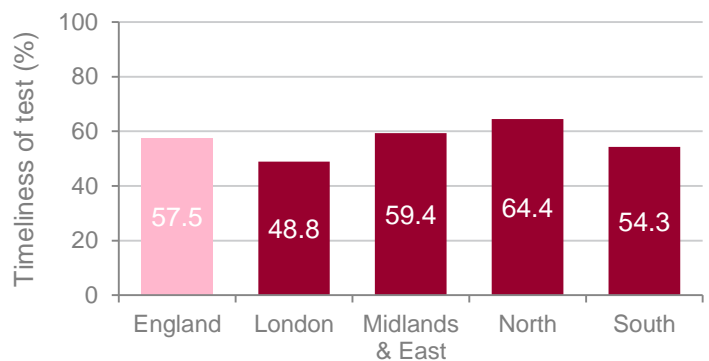
KPI ST2

Reporting period: **Q3 2017 to 2018**
England

- numerator = **96,426**
- denominator = **167,606**
- performance = **57.5%**

Completeness of data: **96.6%**

Quarter 3 performance



KPI ST2 description

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

Reported by: Maternity service

Sickle cell and thalassaemia (SCT) screening programme

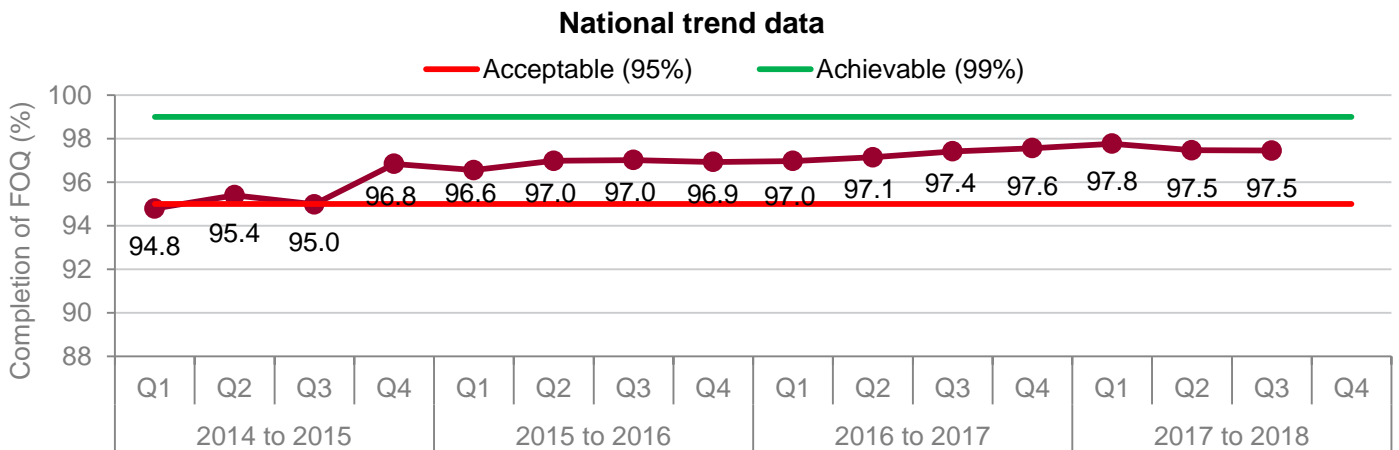
KPI ST3: Completion of FOQ



National performance of ST3 remained at 97.5% in Q3

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

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

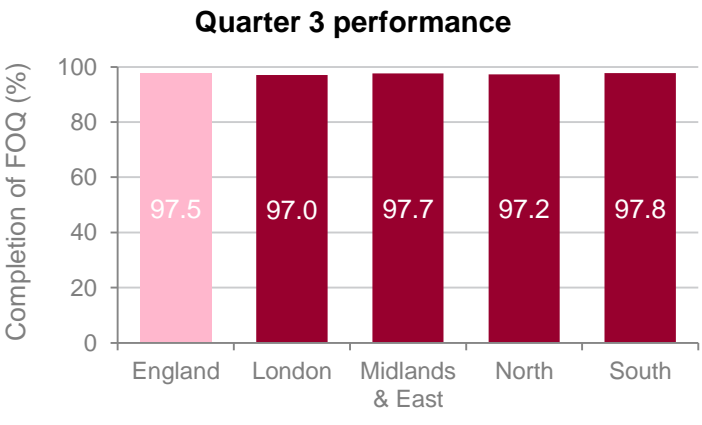


KPI ST3

Reporting period: **Q3 2017 to 2018**
 England

- numerator = **166,214**
- denominator = **170,563**
- performance = **97.5%**

Completeness of data: **98.6%**



KPI ST3 description

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

Reported by: Maternity service

Newborn blood spot (NBS) screening programme

KPI NB1: Coverage (CCG responsibility at birth)

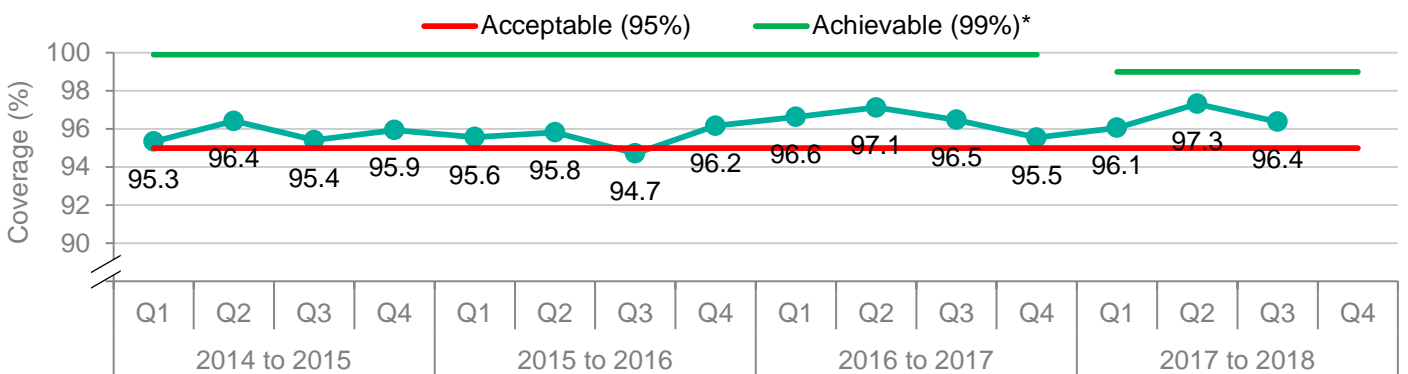


National performance of NB1 decreased in Q3 to 96.4%

143 out of 207 CCGs met the acceptable threshold of 95% (5 CCGs did not submit)

48 out of 207 CCGs reached the new achievable threshold of 99.0%

National trend data



*Achievable threshold changed in 2017 to 2018

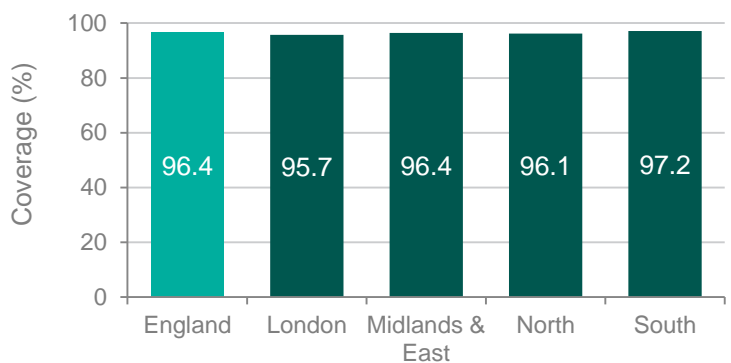
KPI NB1

Reporting period: **Q3 2017 to 2018**
 England

- numerator = **145,351**
- denominator = **150,816**
- performance = **96.4%**

Completeness of data: **97.6%**

Quarter 3 performance



KPI NB1 description

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

Reported by: CCG

Newborn blood spot (NBS) screening programme

KPI NB2: Avoidable repeat tests

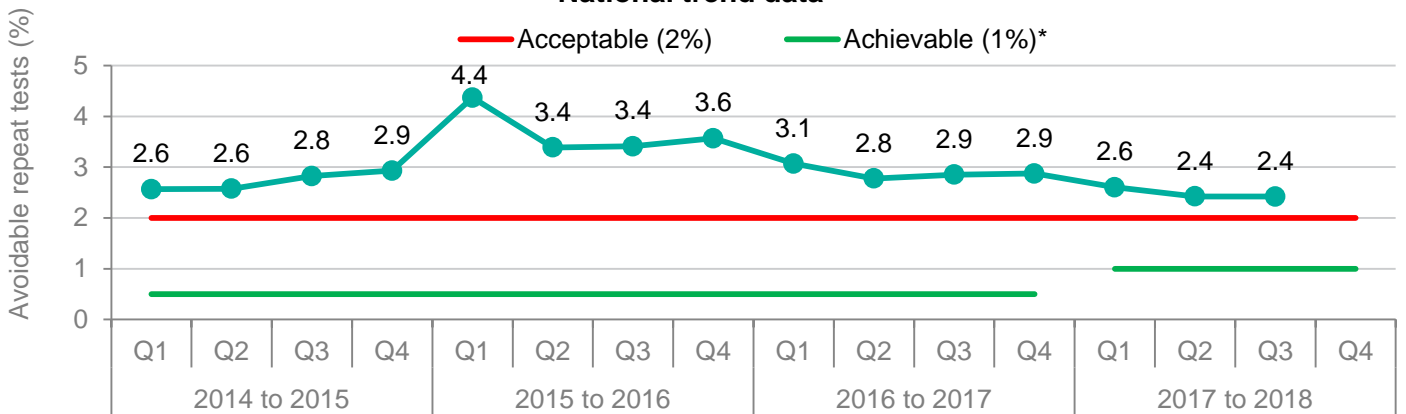


National consensus guidelines for blood spot testing were introduced in April 2015; avoidable repeats increased in 2015 to 2016 but has subsequently reduced

NB2 is a reverse polarity KPI, where a lower performance is better. National performance of NB2 in Q3 remained at its lowest ever recorded for this KPI at 2.4%

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

National trend data



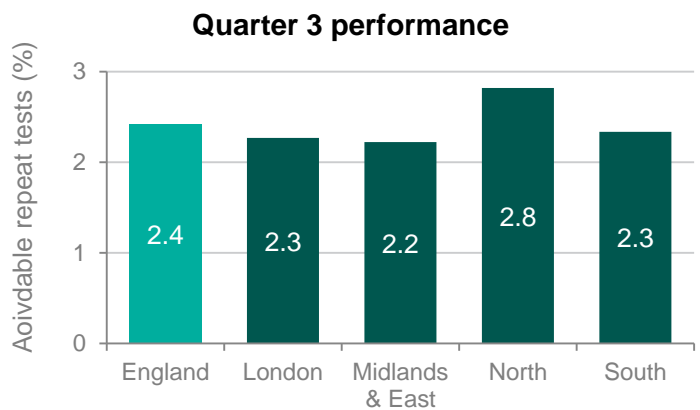
*Achievable threshold changed in 2017 to 2018

KPI NB2

Reporting period: **Q3 2017 to 2018**
 England

- numerator = **3,895**
- denominator = **160,909**
- performance = **2.4%**

Completeness of data: **99.3%**



KPI NB2 description

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

Reported by: Maternity service

Newborn blood spot (NBS) screening programme

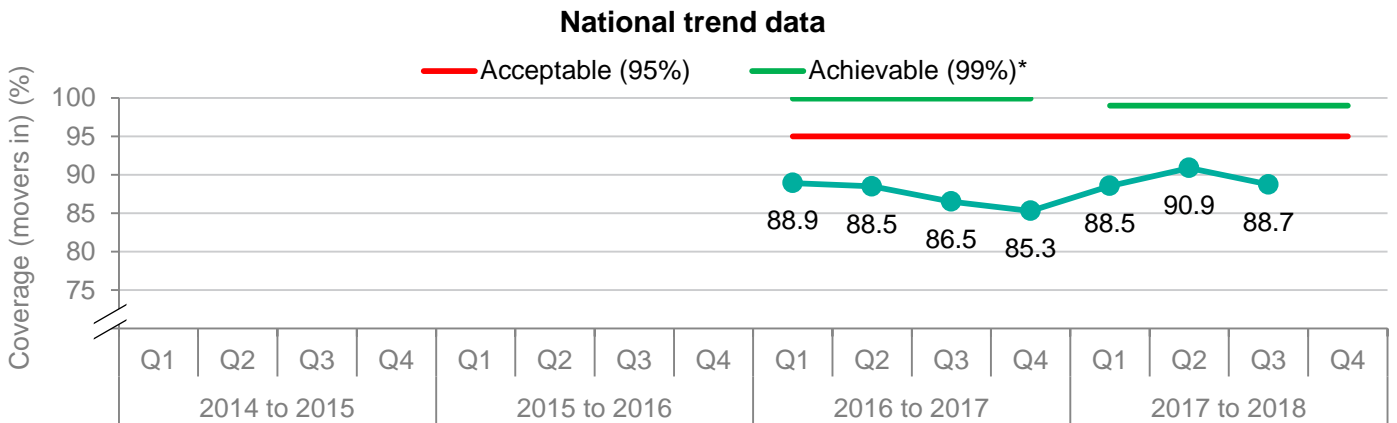
KPI NB4: Coverage (movers in)



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

National performance of NB4 decreased in Q3 to 88.7% (5 CCGs did not submit)

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



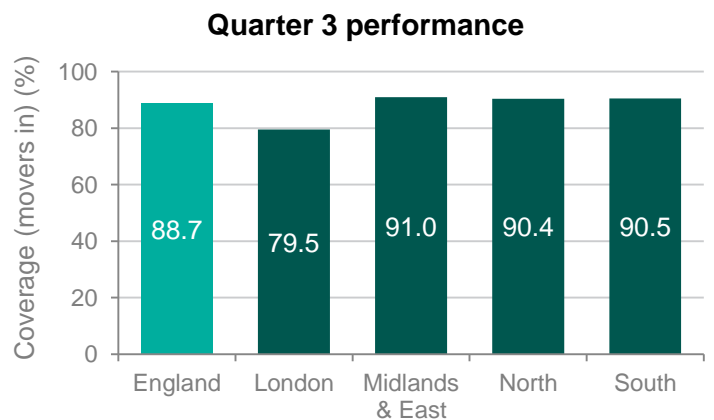
*Achievable threshold changed in 2017 to 2018

KPI NB4

Reporting period: **Q3 2017 to 2018**
 England

- numerator = **9,393**
- denominator = **10,584**
- performance = **88.7%**

Completeness of data: **98.6%**



KPI NB4 description

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

Reported by: CCG

Newborn hearing screening programme (NHSP)

KPI NH1: Coverage

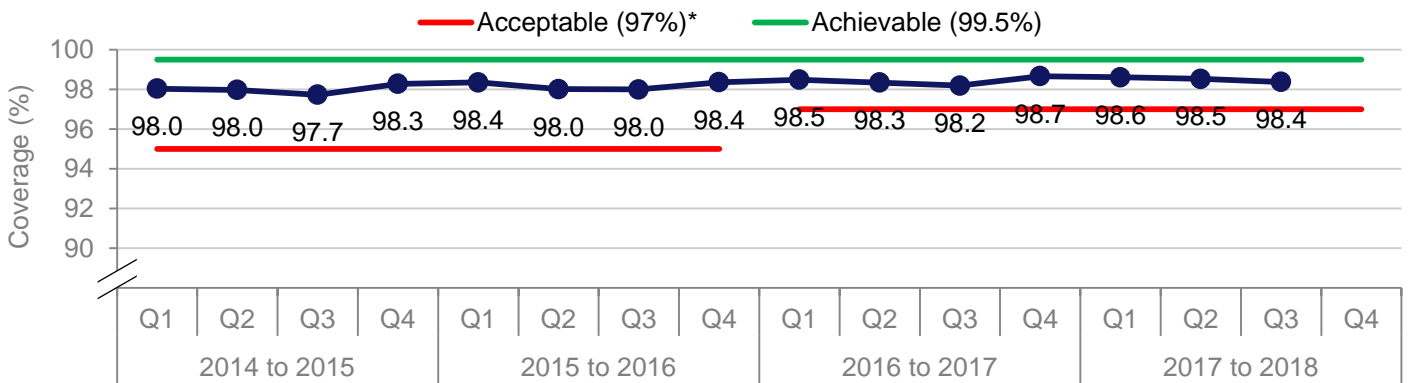


National performance of NH1 in Q3 was 98.4%, above the acceptable threshold but below the achievable threshold

96 out of 109 screening providers met the acceptable threshold of 97%

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

National trend data



*Threshold changed in 2016 to 2017

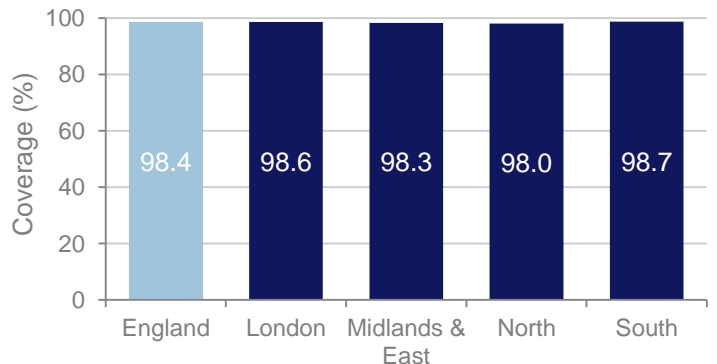
KPI NH1

Reporting period: **Q3 2017 to 2018**
England

- numerator = **157,499**
- denominator = **160,099**
- performance = **98.4%**

Completeness of data: **100%**

Quarter 3 performance



KPI NH1 description

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

Reported by: Local NHSP site

Newborn hearing screening programme (NHSP)

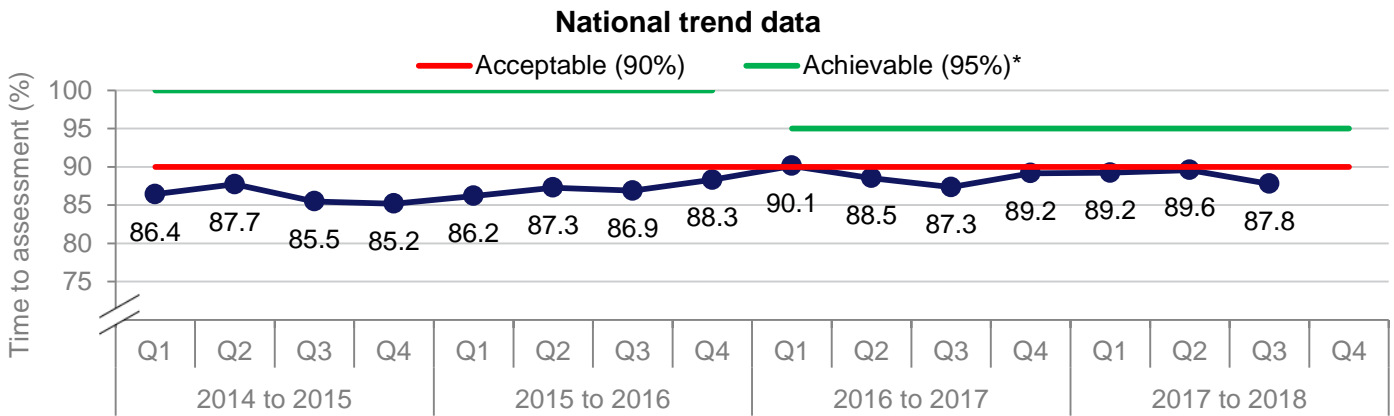
KPI NH2: Time from screening outcome to attendance at an audiological assessment appointment



National performance of NH2 in Q3 was 87.8%, lower than the acceptable threshold of 90%

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

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

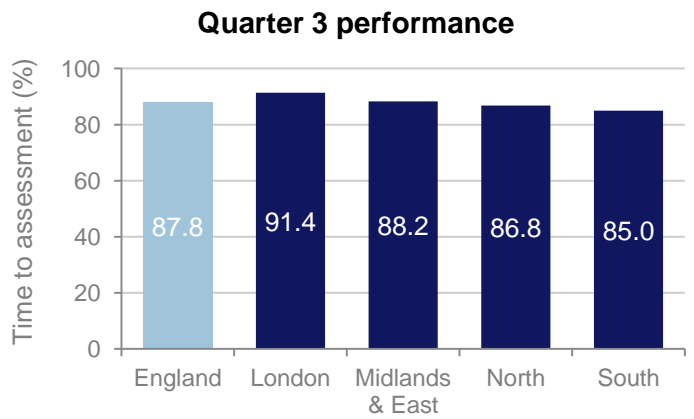


KPI NH2

Reporting period: **Q3 2017 to 2018**
 England

- numerator = **3,388**
- denominator = **3,859**
- performance = **87.8%**

Completeness of data: **100%**



KPI NH2 description

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

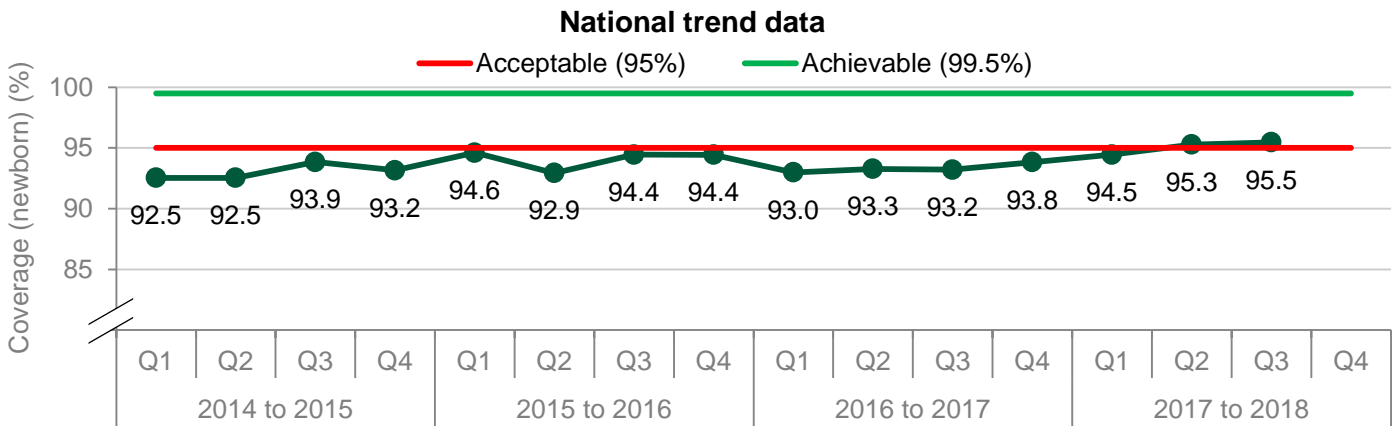
Reported by: Local NHSP site

Newborn and infant physical examination (NIPE) screening programme

KPI NP1: Coverage (newborn)



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

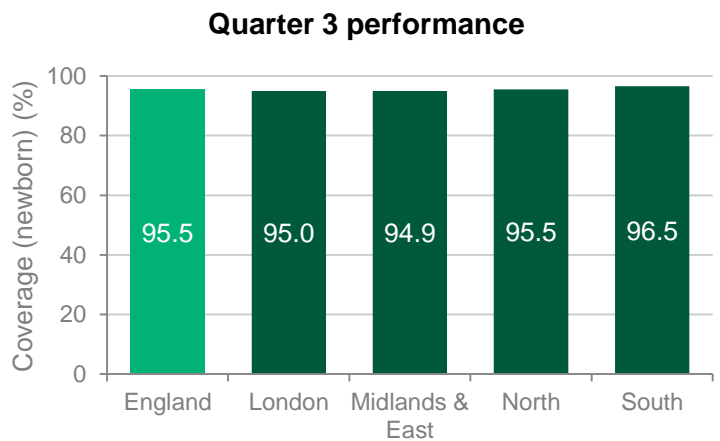


KPI NP1

Reporting period: **Q3 2017 to 2018**
 England

- numerator = **150,933**
- denominator = **158,102**
- performance = **95.5%**

Completeness of data: **99.3%**



KPI NP1 description

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

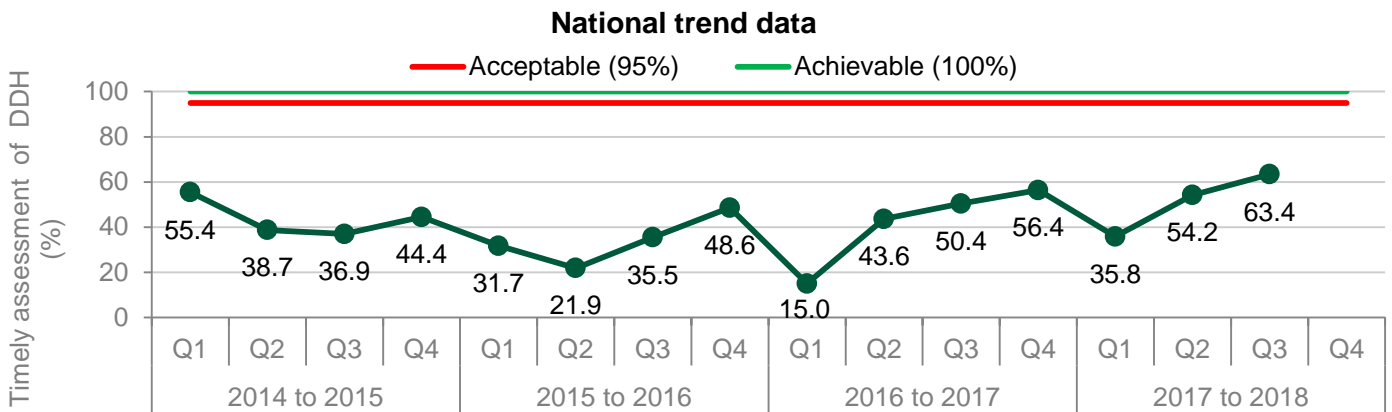
Reported by: Maternity service

Newborn and infant physical examination (NIPE) screening programme

KPI NP2: Timely assessment of developmental dysplasia of the hip



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

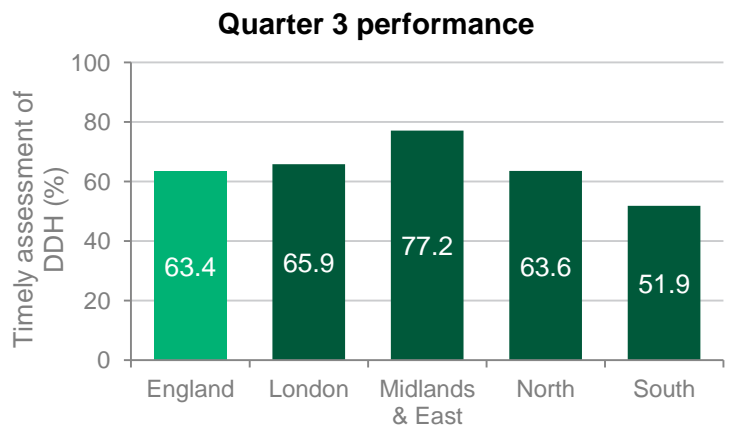


KPI NP2

Reporting period: **Q3 2017 to 2018**
 England

- numerator = **284**
- denominator = **448**
- performance = **63.4%**

Completeness of data: **91.8%**



KPI NP2 description

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

Reported by: Maternity service

Diabetic eye screening (DES) programme

KPI DE1: Uptake of routine digital screening event

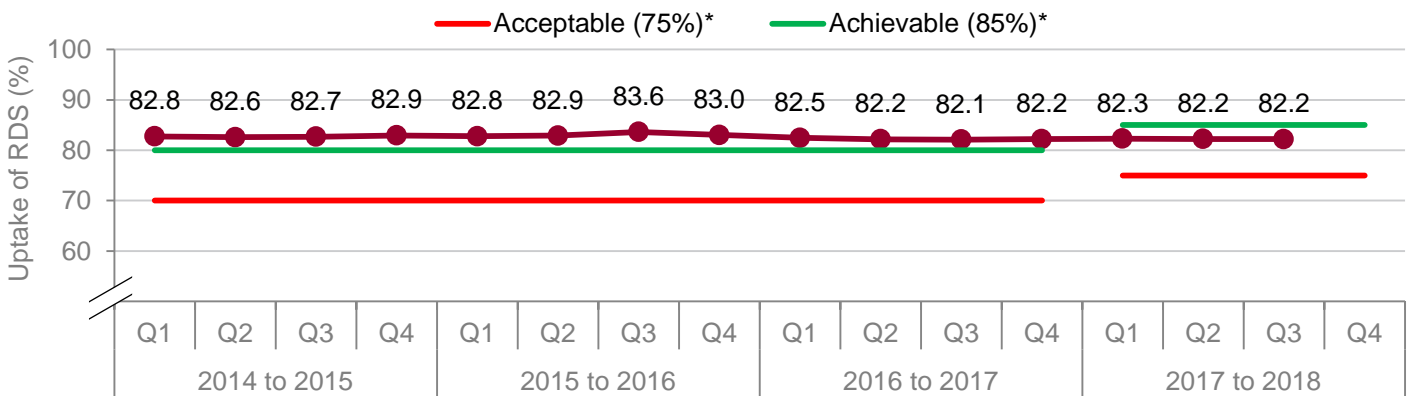


National performance of DE1 in Q3 was 82.2%, above the acceptable threshold but below the achievable threshold

57 out of 62 screening providers met the acceptable threshold of 75% (one provider did not submit)

18 out of 62 screening providers reached the achievable threshold of 85%

National trend data



*Thresholds changed in 2017 to 2018

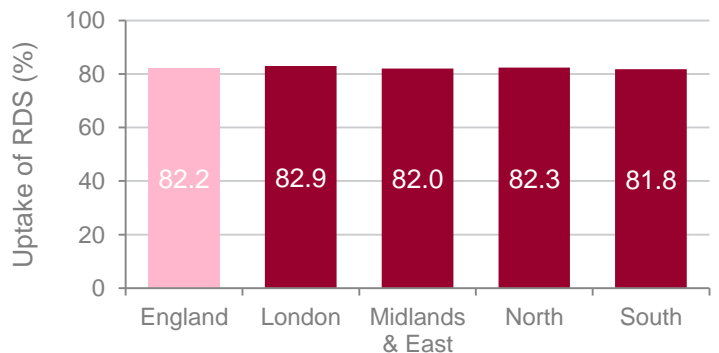
KPI DE1

Reporting period: **Q3 2017 to 2018**
England

- numerator = **2,219,722**
- denominator = **2,700,395**
- performance = **82.2%**

Completeness of data: **98.4%**

Quarter 3 performance



KPI DE1 description

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

Reported by: Local DES service

Diabetic eye screening (DES) programme

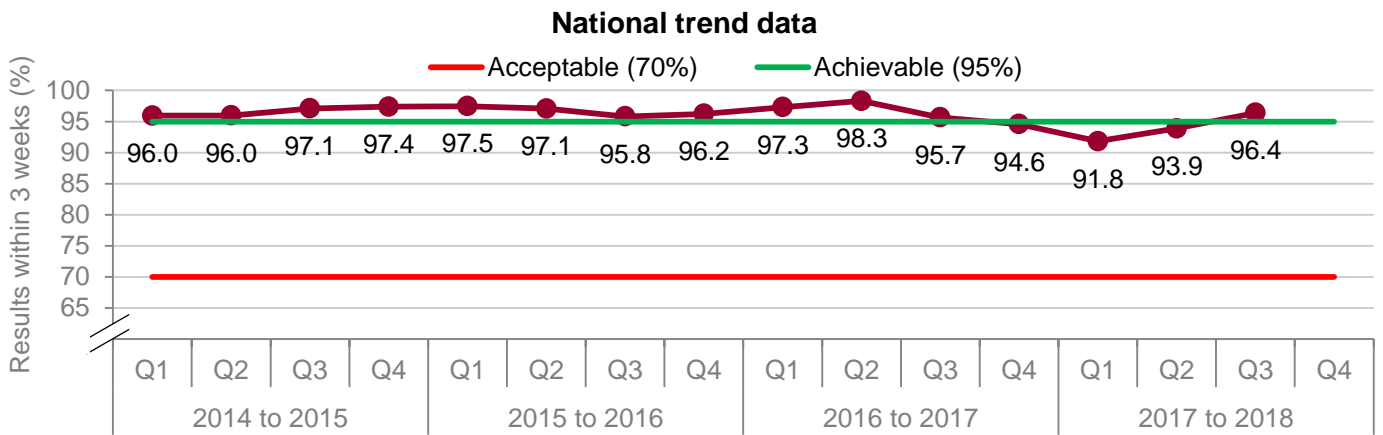
KPI DE2: Results issued within 3 weeks of routine digital screening, digital surveillance or slit lamp biomicroscopy



National performance of DE2 in Q3 was above the achievable threshold at 96.4%

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

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

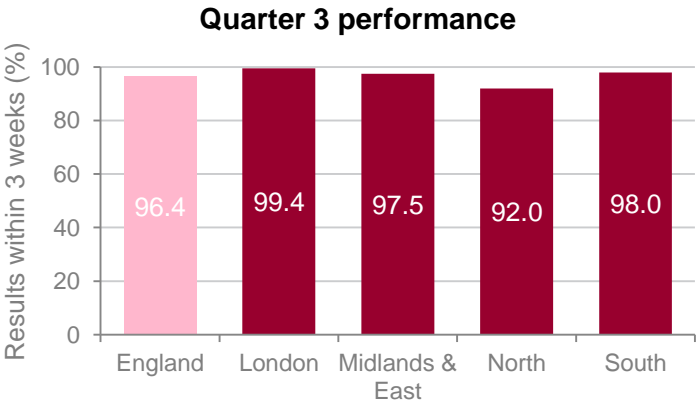


KPI DE2

Reporting period: **Q3 2017 to 2018**
 England

- numerator = **627,082**
- denominator = **650,592**
- performance = **96.4%**

Completeness of data: **98.4%**



KPI DE2 description

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

Reported by: Local DES service

Diabetic eye screening (DES) programme

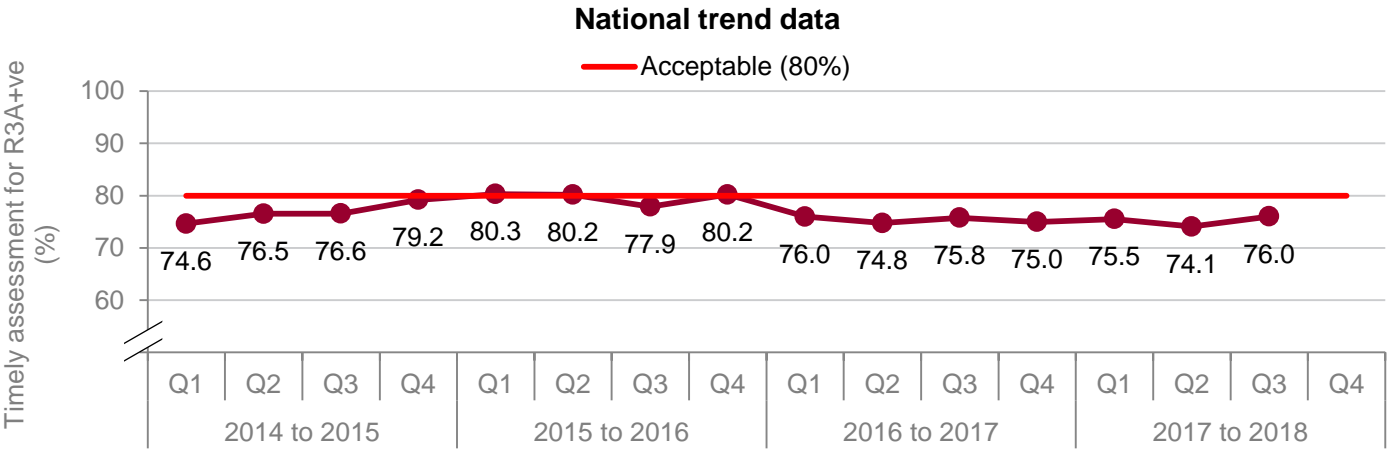
KPI DE3: Timely assessment for R3A screen positive



National performance of DE3 in Q3 was below the acceptable threshold at 76.0%

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

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

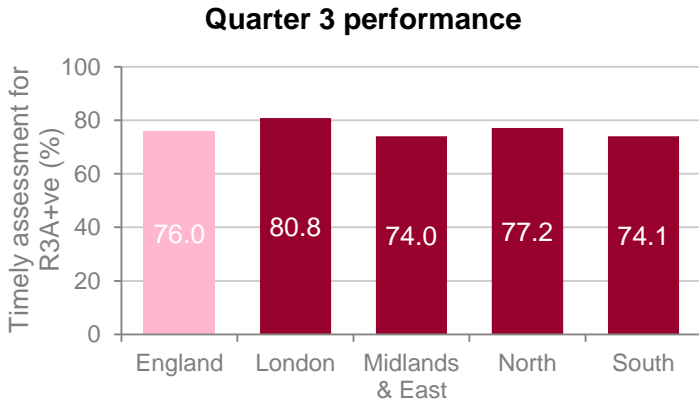


KPI DE3

Reporting period: **Q3 2017 to 2018**
 England

- numerator = **1,600**
- denominator = **2,105**
- performance = **76.0%**

Completeness of data: **98.4%**



KPI DE3 description

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

Reported by: Local DES service

Abdominal aortic aneurysm (AAA) screening programme

KPI AA2: Coverage of initial screen



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

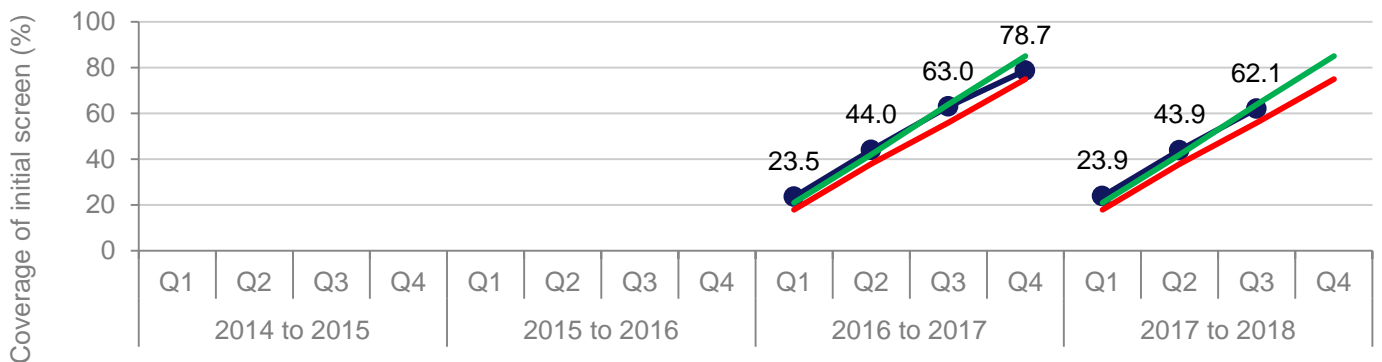
The performance thresholds for AA2 increase on a quarterly basis in order to best reflect the nature of the local screening service call to screening

National performance of AA2 in Q3 was above the acceptable threshold. 31 out of 41 screening providers met the acceptable threshold of 56%

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

National trend data

— Acceptable (%) — Achievable (%)



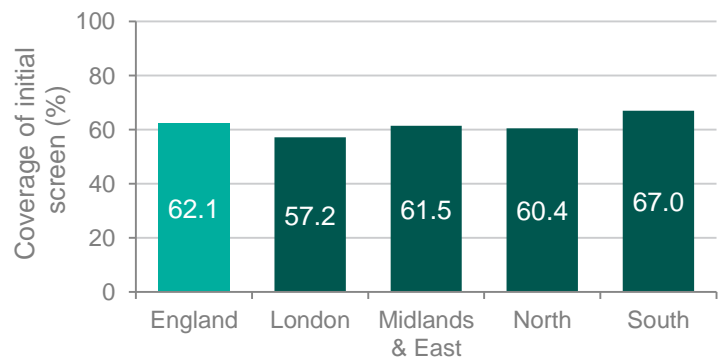
KPI AA2

Reporting period: **Q3 2017 to 2018**
England

- numerator = **177,781**
- denominator = **286,208**
- performance = **62.1%**

Completeness of data: **100%**

Quarter 3 performance



KPI AA2 description

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

Reported by: Local AAA screening service

Abdominal aortic aneurysm (AAA) screening programme

KPI AA3: Coverage of annual surveillance screen

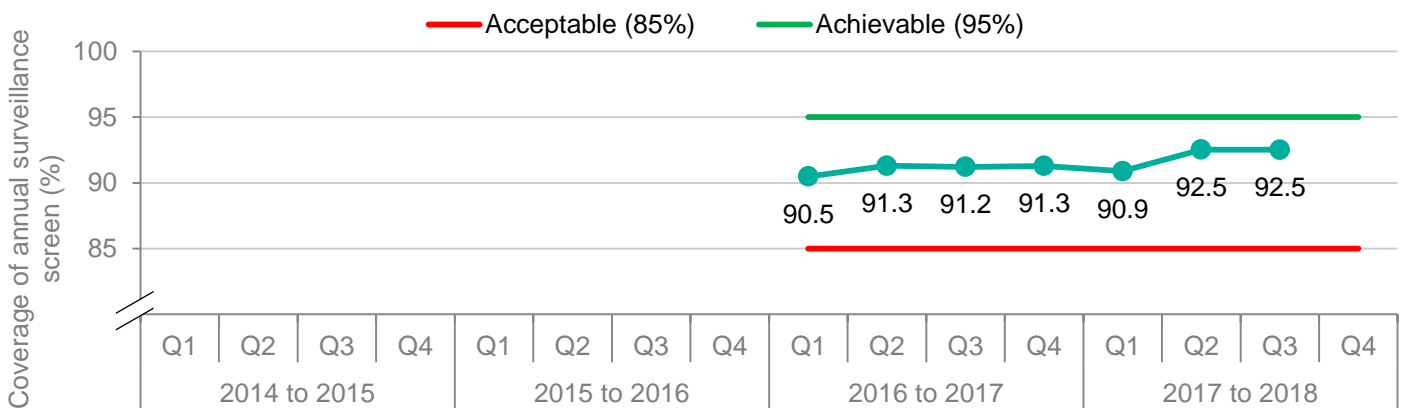


2016 to 2017 was the first year of data publication for AA3

National performance of AA3 in Q3 remained at its highest ever level recorded for this KPI at 92.5%

39 out of 41 providers met the acceptable threshold of 85% and 14 providers met the achievable threshold of 95%

National trend data



KPI AA3

Reporting period: **Q3 2017 to 2018**
England

- numerator = **2,708**
- denominator = **2,927**
- performance = **92.5%**

Completeness of data: **100%**

Quarter 3 performance



KPI AA3 description

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

Reported by: Local AAA screening service

Abdominal aortic aneurysm (AAA) screening programme

KPI AA4: Coverage of quarterly surveillance screen

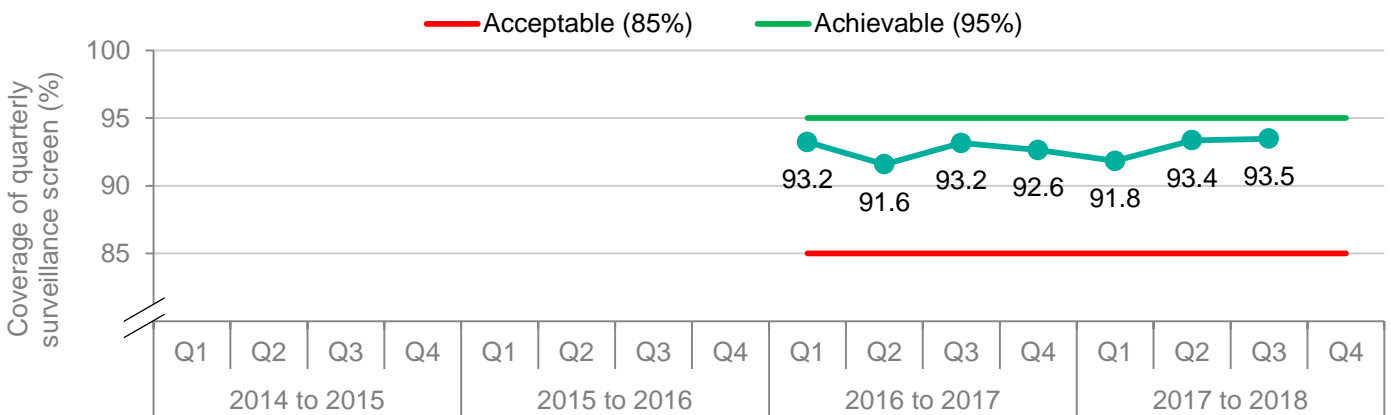


2016 to 2017 was the first year of data publication for AA4

National performance of AA4 in Q3 was the highest ever recorded for this KPI at 93.5%

40 out of 41 providers met the acceptable threshold of 85% and 16 providers met the achievable threshold of 95%

National trend data



KPI AA4

Reporting period: **Q3 2017 to 2018**
England

- numerator = **1,979**
- denominator = **2,117**
- performance = **93.5%**

Completeness of data: **100%**

Quarter 3 performance



KPI AA4 description

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

Reported by: Local AAA screening service

Bowel cancer screening programme (BCSP)

KPI BCS1: Uptake

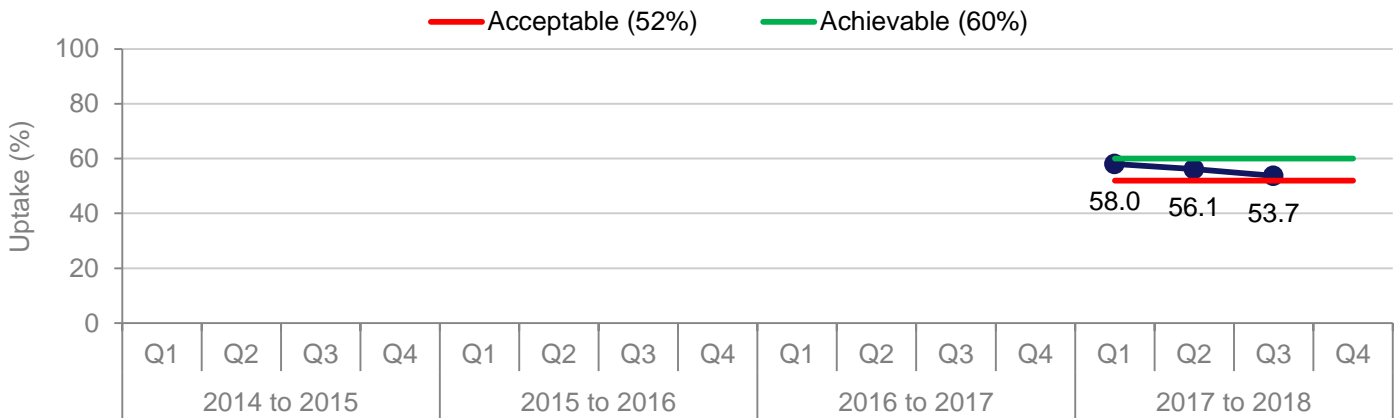


BCS1 is a newly published KPI in 2017 to 2018

National performance of BCS1 in Q3 was 53.7%, above the acceptable threshold and below the achievable threshold

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

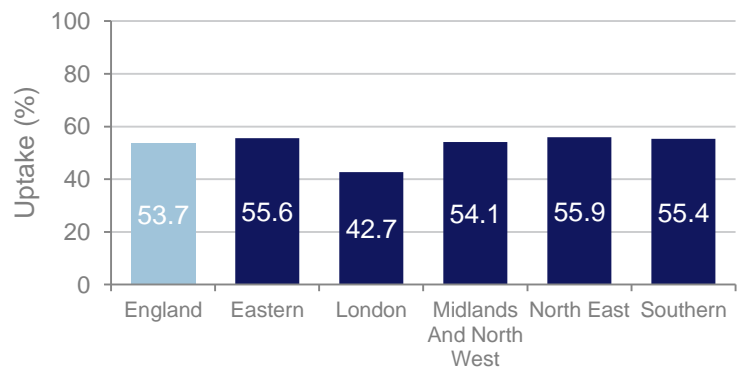
National trend data



KPI BCS1

Reporting period: **Q3 2017 to 2018**
 England
 - numerator = **598,846**
 - denominator = **1,115,905**
 - performance = **53.7%**
 Completeness of data: **100%**

Quarter 3 performance



KPI BCS1 description

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

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

Bowel cancer screening programme (BCSP)

KPI BCS2: Coverage

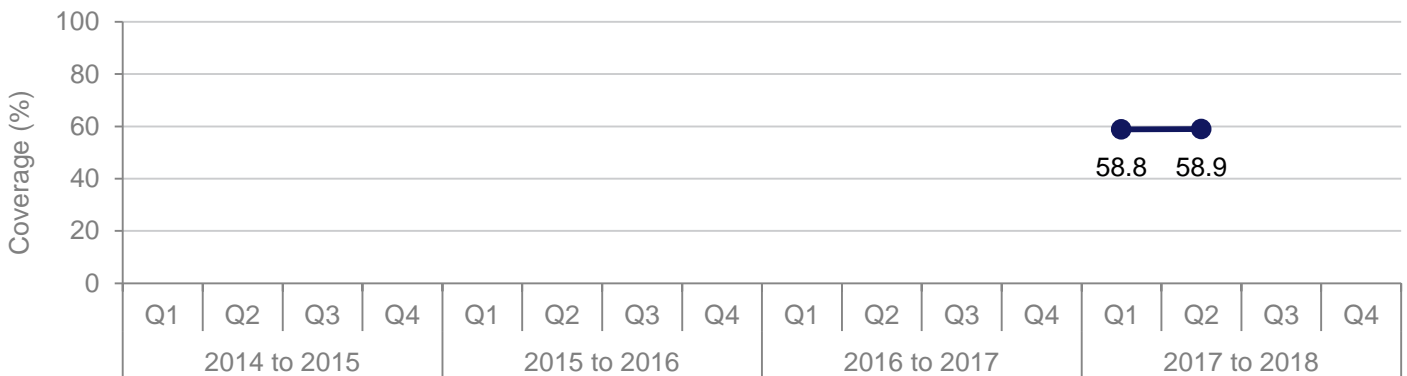


BCS2 is a newly published KPI in 2017 to 2018 and is available 6 months in arrears

National performance of BCS2 in Q2 was 58.9%. There are no thresholds set for this KPI.

Coverage ranged from 49.9% in London to 61.5% in the South

National trend data



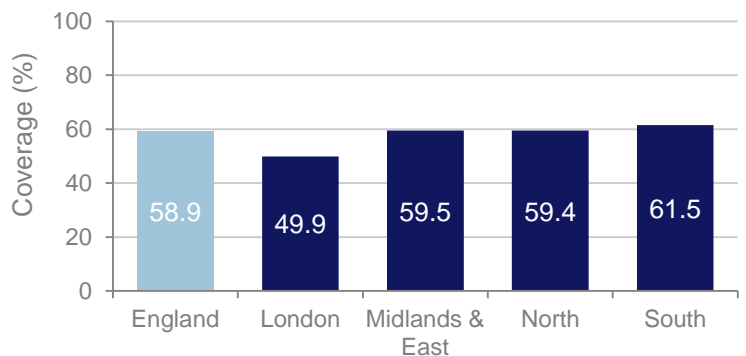
KPI BCS2

Reporting period: **Q2 2017 to 2018**
England

- numerator = **4,736,004**
- denominator = **8,034,216**
- performance = **58.9%**

Completeness of data: **100%**

Quarter 2 performance



KPI BCS2 description

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

Reported by: Local authority

Breast screening programme (BSP)

KPI BS1: Uptake

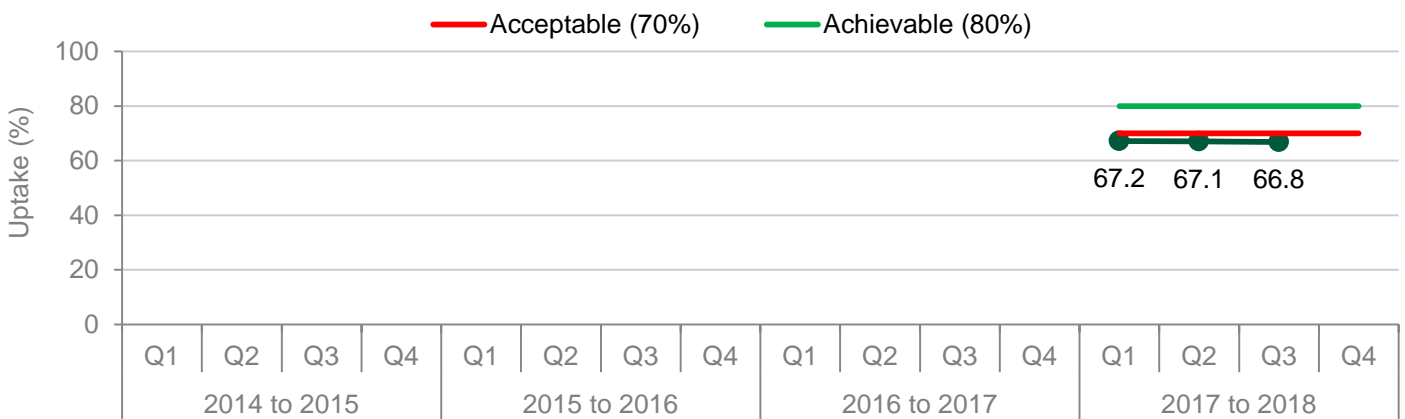


BS1 is a newly published KPI in 2017 to 2018. Quarterly data is considered provisional, annual data is definitive

National performance of BS1 in Q3 was 66.8%, below the acceptable threshold of 70%

35 out of 79 screening providers reached the acceptable threshold; no providers met the achievable threshold

National trend data



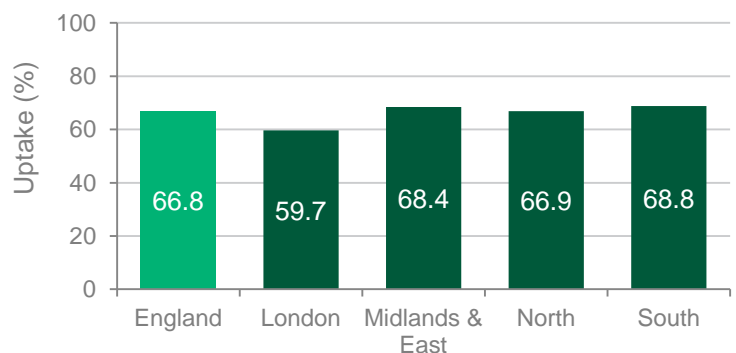
KPI BS1

Reporting period: **Q3 2017 to 2018**
England

- numerator = **404,024**
- denominator = **604,585**
- performance = **66.8%**

Completeness of data: **100%**

Quarter 3 performance



KPI BS1 description

The proportion of eligible women invited who attend for screening

Reported by: Local screening service

Breast screening programme (BSP)

KPI BS2: Screening round length

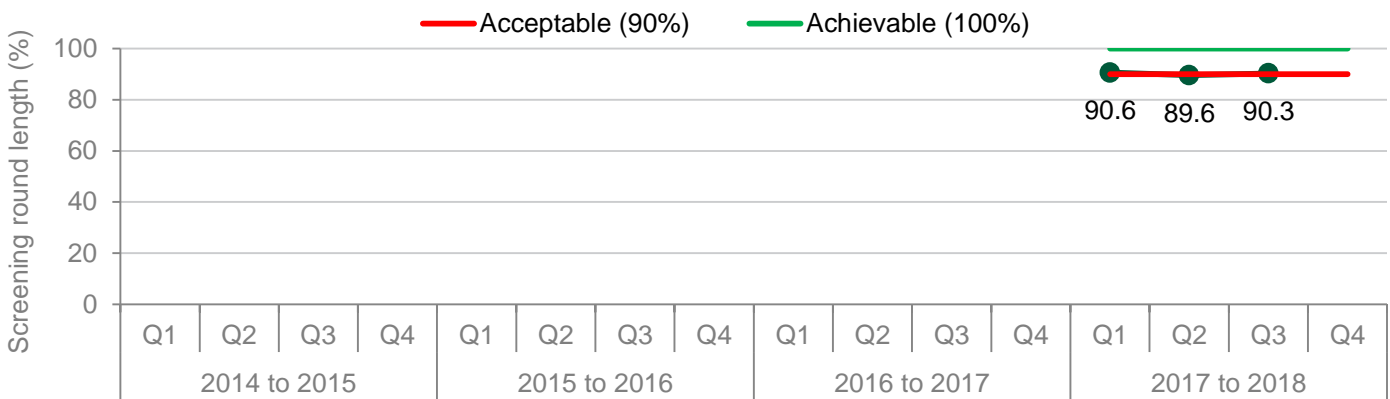


BS2 is a newly published KPI in 2017 to 2018

National performance of BS2 in Q3 was 90.3%, above the acceptable threshold

61 out of 79 screening providers reached the acceptable threshold; no providers met the achievable threshold

National trend data



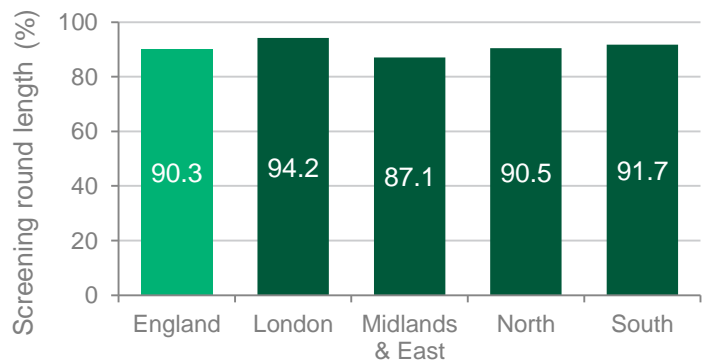
KPI BS2

Reporting period: **Q3 2017 to 2018**
 England

- numerator = **412,317**
- denominator = **456,674**
- performance = **90.3%**

Completeness of data: **100%**

Quarter 3 performance



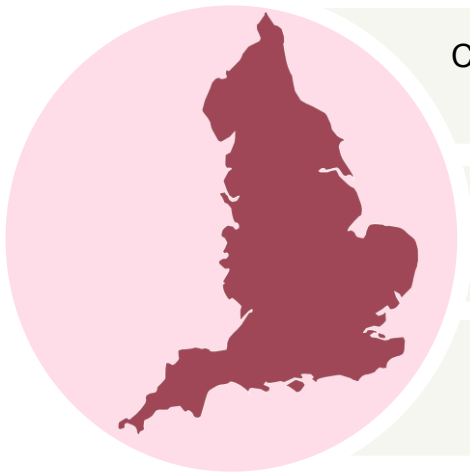
KPI BS2 description

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

Reported by: Local screening service

Cervical screening programme (CSP)

KPI CS1: Coverage (under 50 years)

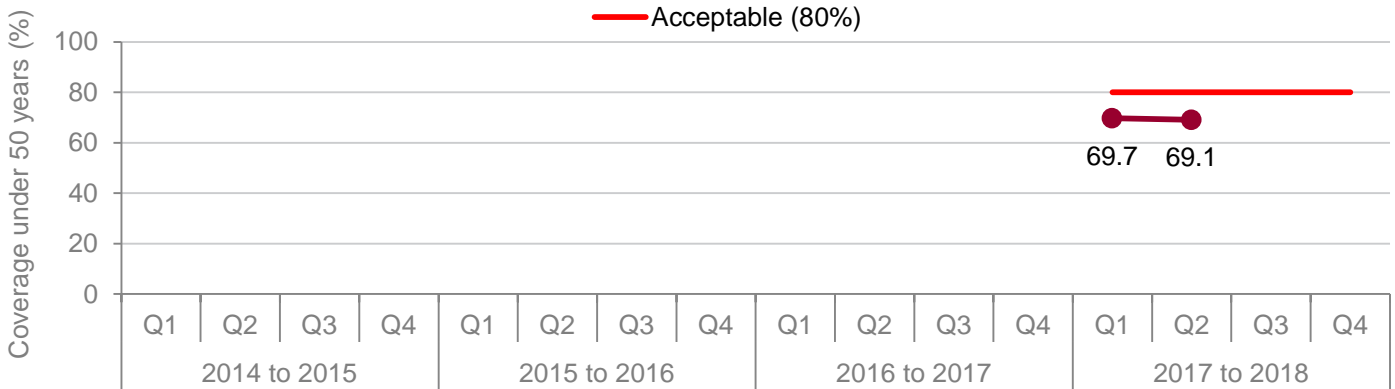


CS1 is a newly published KPI in 2017 to 2018 and is available 6 months in arrears

National performance of CS1 in Q2 was below the acceptable threshold at 69.1%

One out of 207 CCGs met the acceptable threshold of 80%

National trend data



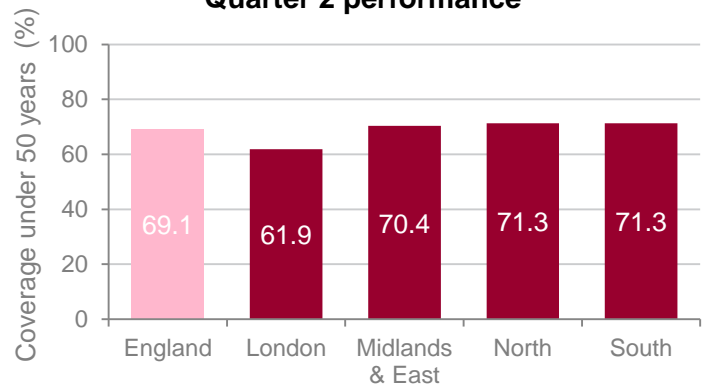
KPI CS1

Reporting period: **Q2 2017 to 2018**
England

- numerator = **6,888,727**
- denominator = **9,972,353**
- performance = **69.1%**

Completeness of data: **100%**

Quarter 2 performance



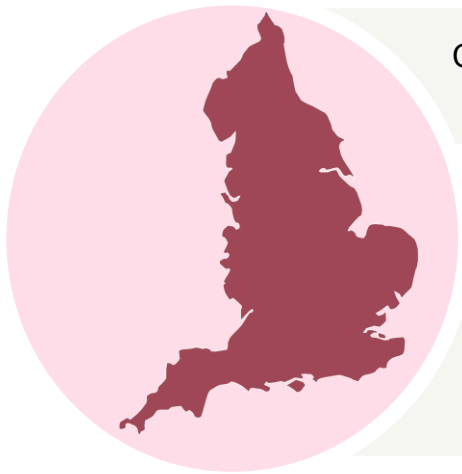
KPI CS1 description

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

Reported by: CCG

Cervical screening programme (CSP)

KPI CS2: Coverage (50 years and above)

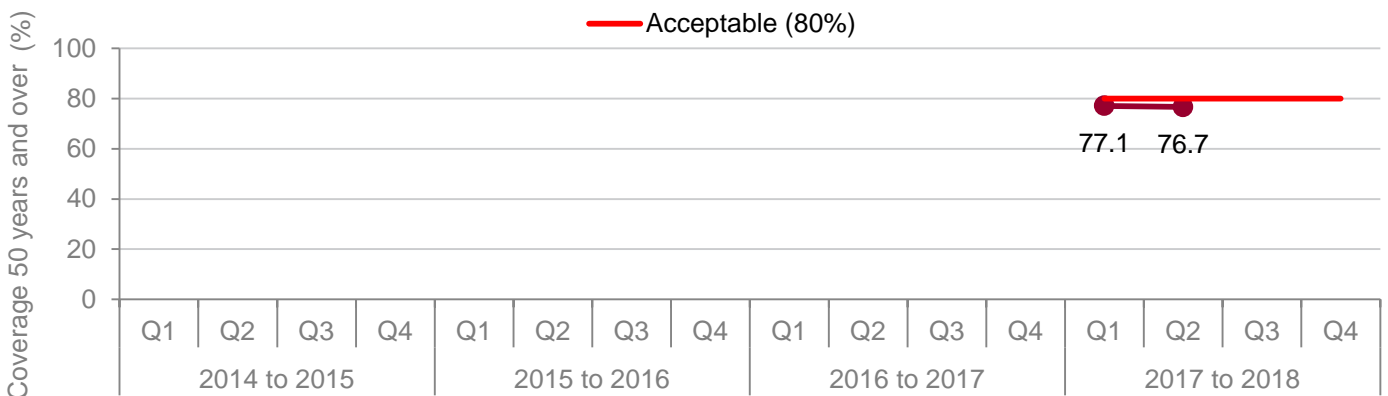


CS2 is a newly published KPI in 2017 to 2018 and is available 6 months in arrears

National performance of CS2 in Q2 was below the acceptable threshold at 76.7%

8 out of 207 CCGs met the acceptable threshold of 80%

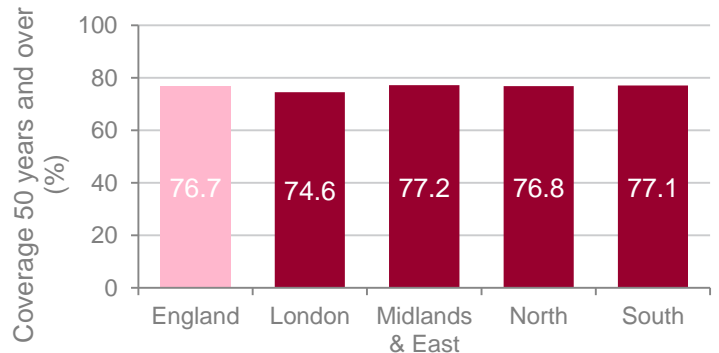
National trend data



KPI CS2

Reporting period: **Q2 2017 to 2018**
 England
 - numerator = **3,658,997**
 - denominator = **4,770,782**
 - performance = **76.7%**
 Completeness of data: **100%**

Quarter 2 performance



KPI CS2 description

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

Reported by: CCG