



Public Health
England



Screening KPI data summary factsheets

February 2019 – Issue 6

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.

Public Health England, Wellington House, 133-155 Waterloo Road, London SE1 8UG

Tel: 020 7654 8000 www.gov.uk/phe

Twitter: [@PHE_uk](https://twitter.com/PHE_uk) Facebook: www.facebook.com/PublicHealthEngland

About PHE screening

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

www.gov.uk/phe/screening Twitter: [@PHE_Screening](https://twitter.com/PHE_Screening) Blog: phescreening.blog.gov.uk

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



© Crown copyright 2019

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v3.0. To view this licence, visit [OGL](http://www.ogil.io). Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Published: February 2019

PHE publications

gateway number: GW-185

PHE supports the UN

Sustainable Development Goals



Introduction

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

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

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

Please note this 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 Q1 and Q2 2018 to 2019](#), and the [KPI reporting data definitions for 2018 to 2019](#).

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

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

Index of KPIs

Antenatal and newborn

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

Index of KPIs

Young person and adult

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

Infectious diseases in pregnancy (IDPS) programme

KPI ID1: HIV coverage

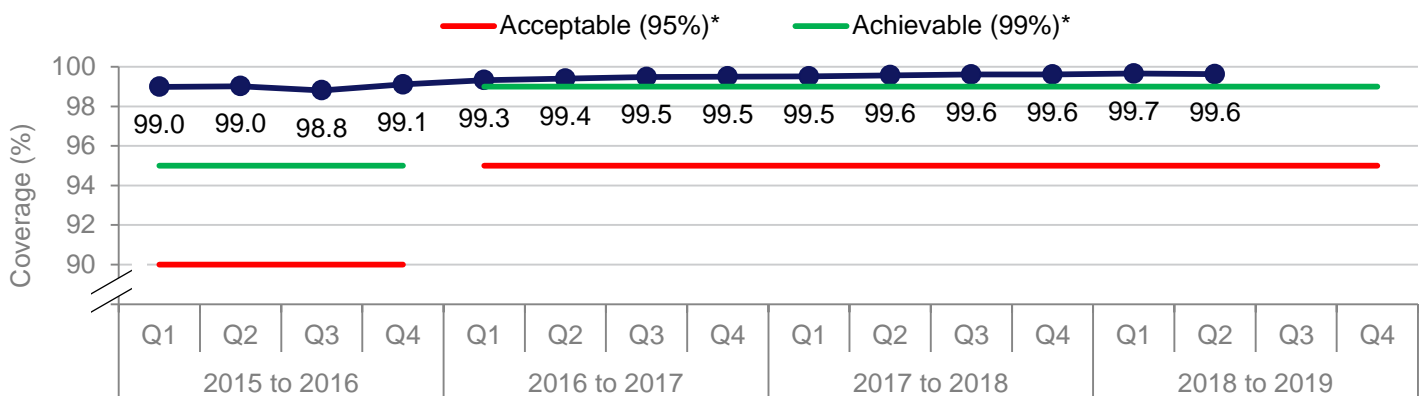


National performance of ID1 in Q1 remained high at 99.6%

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

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

National trend data



*Thresholds changed in 2016 to 2017

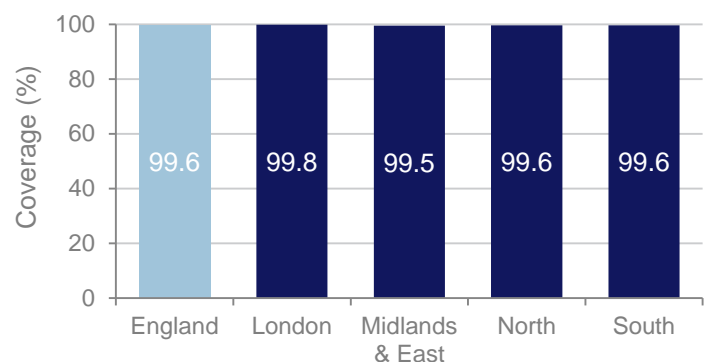
KPI ID1

Reporting period: **Q2 2018 to 2019**
England

- numerator = **162,442**
- denominator = **163,049**
- performance = **99.6%**

Completeness of data: **98.6%**

Quarter 2 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

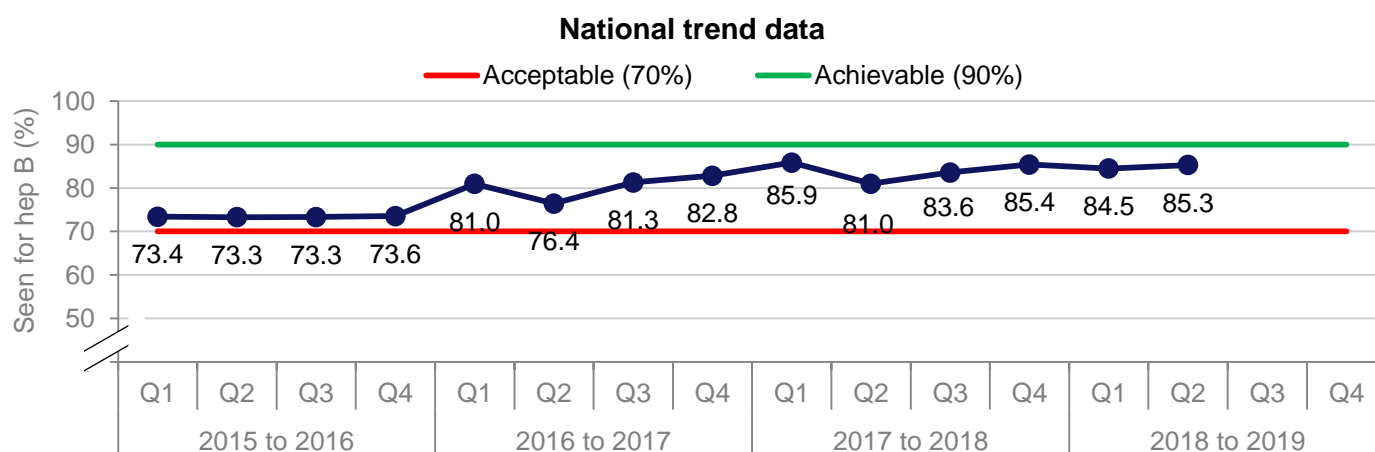
KPI ID2: Timely assessment of women with hepatitis B



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 3 years in a row

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

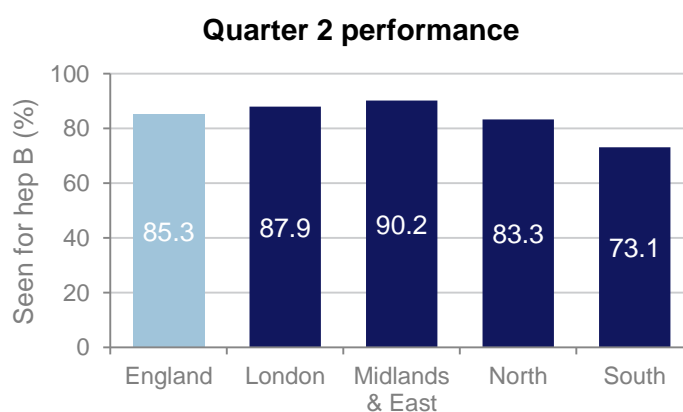


KPI ID2

Reporting period: **Q2 2018 to 2019**
England

- numerator = **151**
- denominator = **177**
- performance = **85.3%**

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

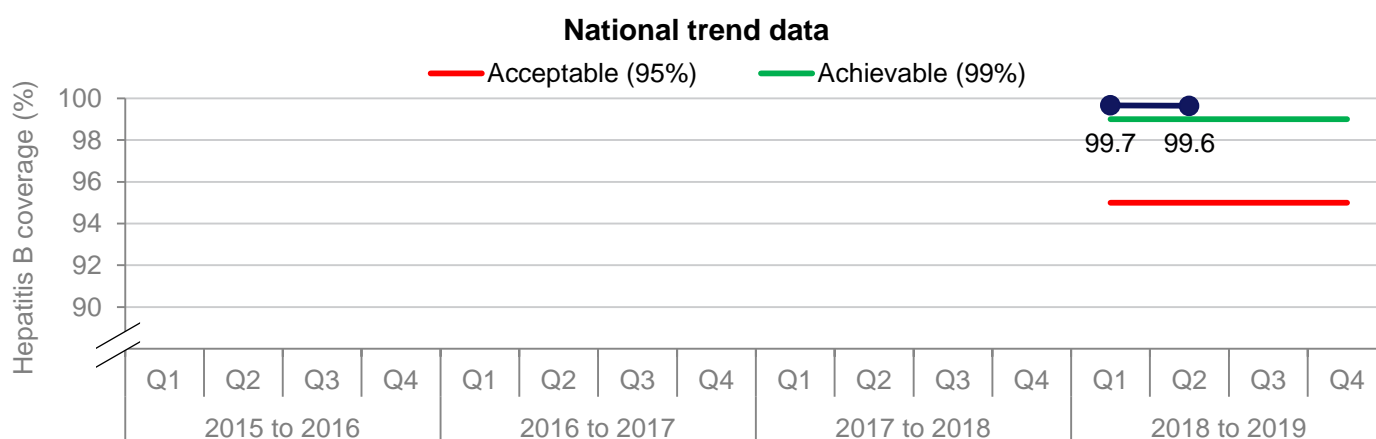
KPI ID3: Hepatitis B coverage



ID3 is a newly published KPI from 2018 to 2019. National performance in Q2 was 99.6% above the achievable threshold

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

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

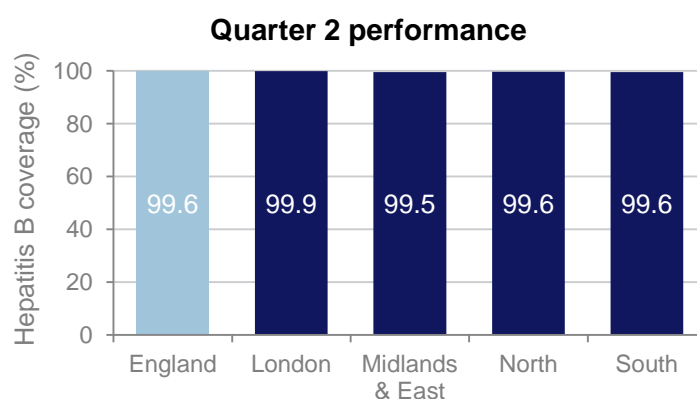


KPI ID3

Reporting period: **Q2 2018 to 2019**
England

- numerator = **162,461**
- denominator = **163,053**
- performance = **99.6%**

Completeness of data: **98.6%**



KPI ID3 description

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

Reported by: Maternity service

Infectious diseases in pregnancy (IDPS) programme

KPI ID4: Syphilis coverage

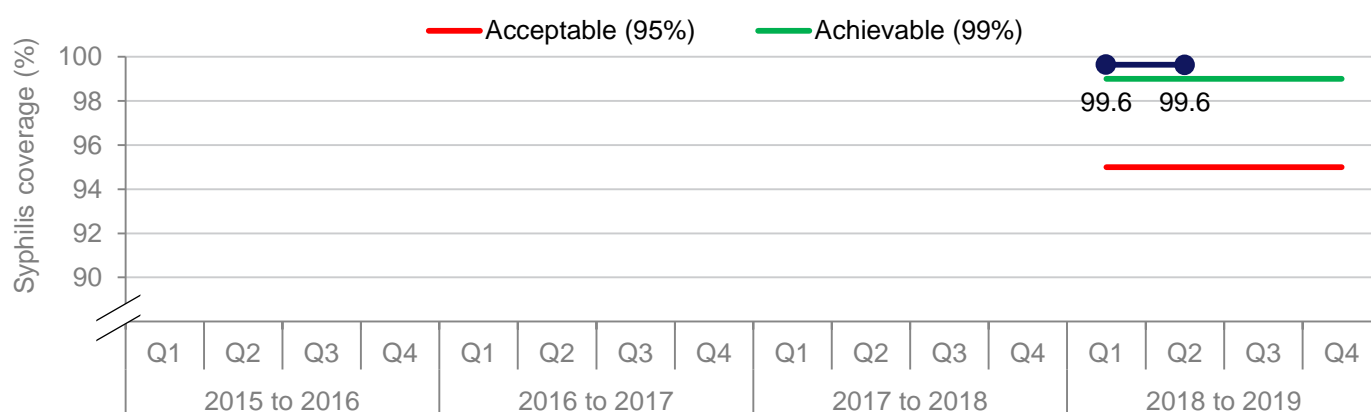


ID4 is a newly published KPI from 2018 to 2019. National performance in Q2 was 99.6% above the achievable threshold

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

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

National trend data



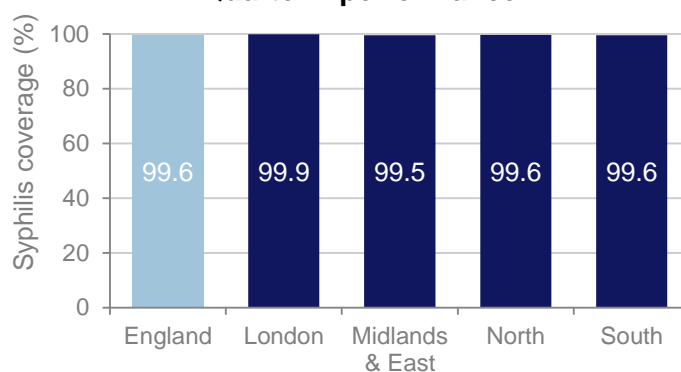
KPI ID4

Reporting period: **Q2 2018 to 2019**
England

- numerator = **162,456**
- denominator = **163,048**
- performance = **99.6%**

Completeness of data: **98.6%**

Quarter 2 performance



KPI ID4 description

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

Reported by: Maternity service

Fetal anomaly screening programme (FASP)

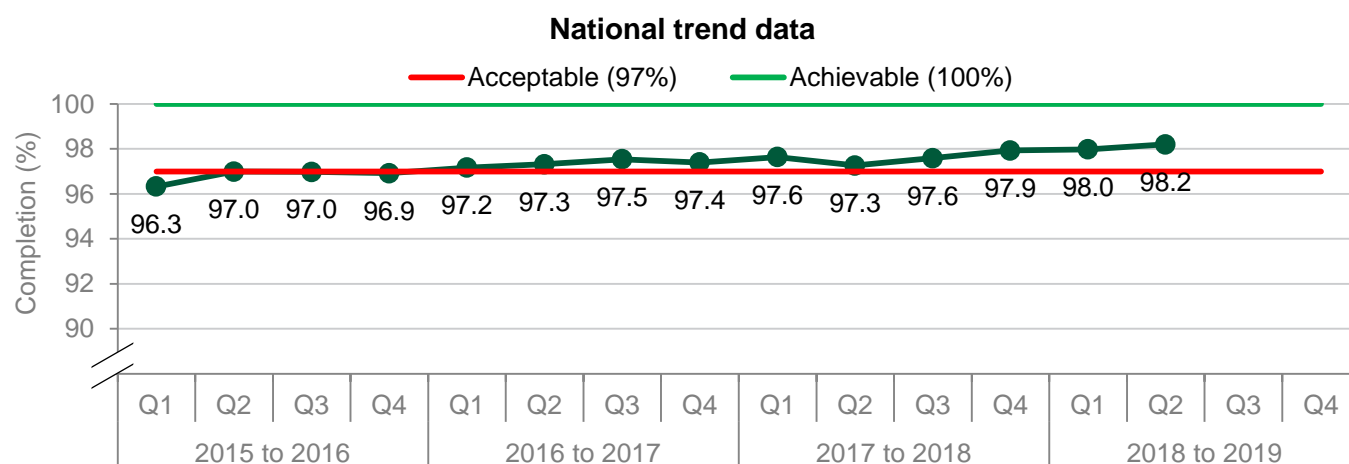
KPI FA1: Completion of laboratory request forms



National performance of FA1 in Q2 was at its highest ever level at 98.2%

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

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



KPI FA1

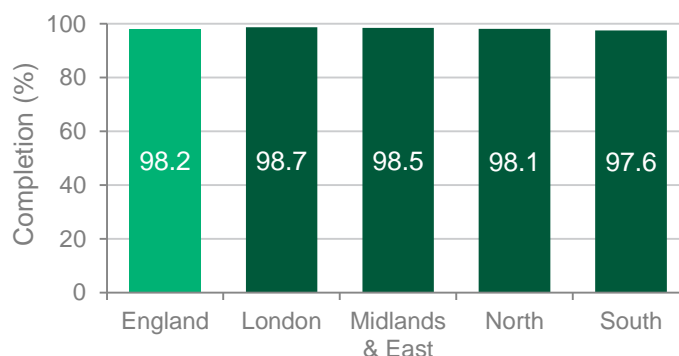
Reporting period: **Q2 2018 to 2019**

England

- numerator = **115,646**
- denominator = **117,763**
- performance = **98.2%**

Completeness of data: **99.3%**

Quarter 2 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

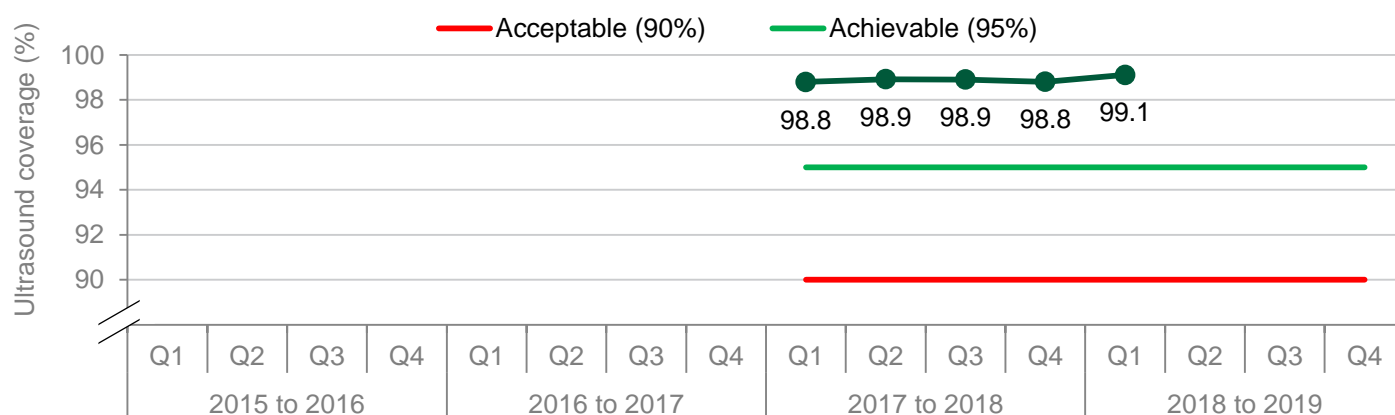


National performance of FA2 in Q1 was above the achievable threshold at 99.1% with 133 out of 147 providers submitting data

132 out of 147 screening providers met the achievable threshold of 95% (14 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: **Q1 2018 to 2019**
England

- numerator = **129,335**
- denominator = **130,490**
- performance = **99.1%**

Completeness of data: **90.5%**

Quarter 1 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

Fetal anomaly screening programme (FASP)

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



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

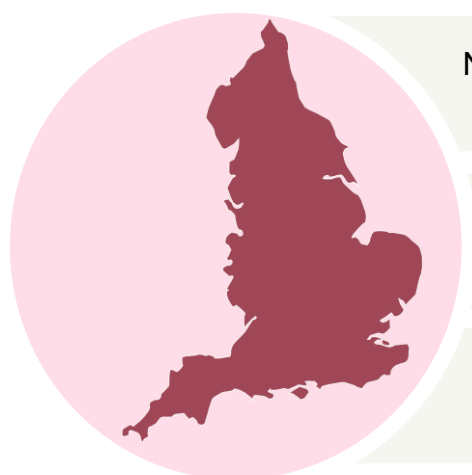
KPI FA3 description

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

Reported by: Maternity service

Sickle cell and thalassaemia (SCT) screening programme

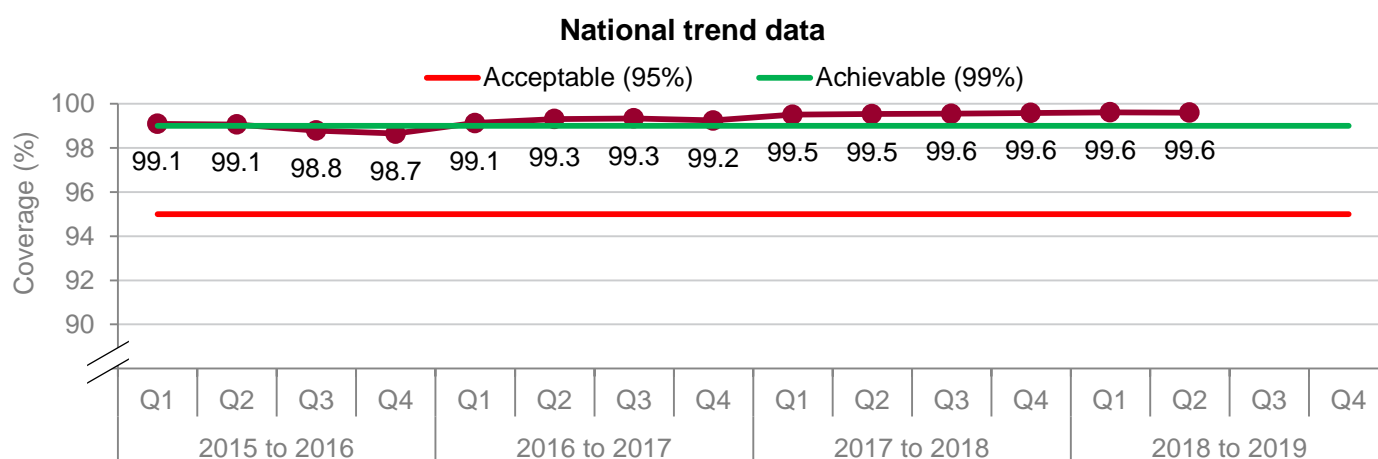
KPI ST1: Coverage



National performance of ST1 in Q2 remained at its highest ever level recorded for this KPI at 99.6%

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

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



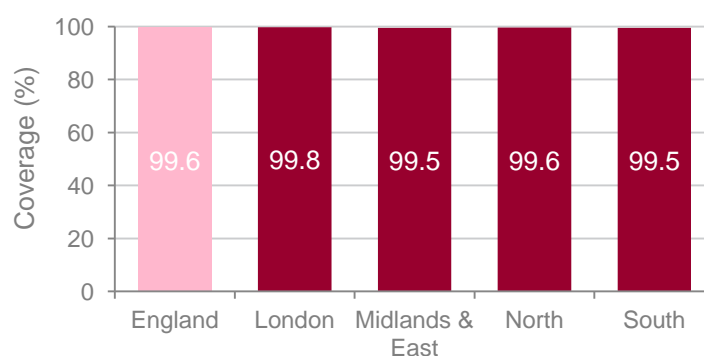
KPI ST1

Reporting period: **Q2 2018 to 2019**
England

- numerator = **162,408**
- denominator = **163,056**
- performance = **99.6%**

Completeness of data: **98.6%**

Quarter 2 performance



KPI ST1 description

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

Reported by: Maternity service

Sickle cell and thalassaemia (SCT) screening programme

KPI ST2: Timeliness of test

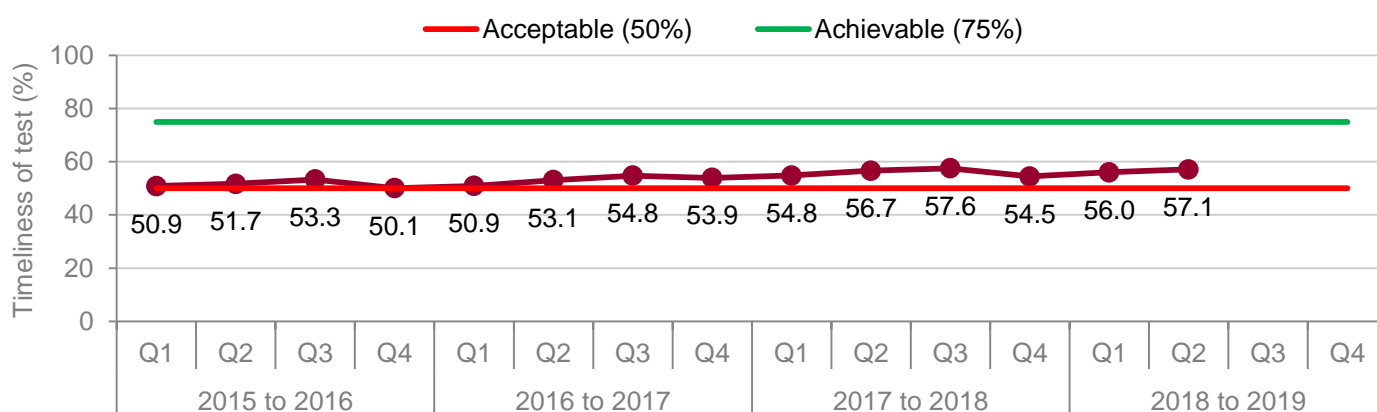


National performance of ST2 in Q2 was 57.1%, above the acceptable threshold but below the achievable threshold

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

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

National trend data



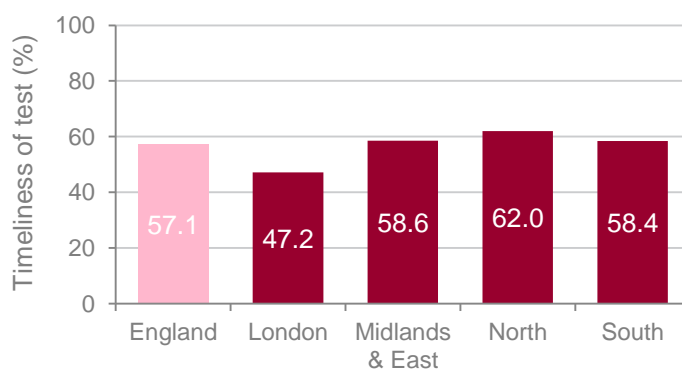
KPI ST2

Reporting period: **Q2 2018 to 2019**
England

- numerator = **94,831**
- denominator = **166,074**
- performance = **57.1%**

Completeness of data: **99.3%**

Quarter 2 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

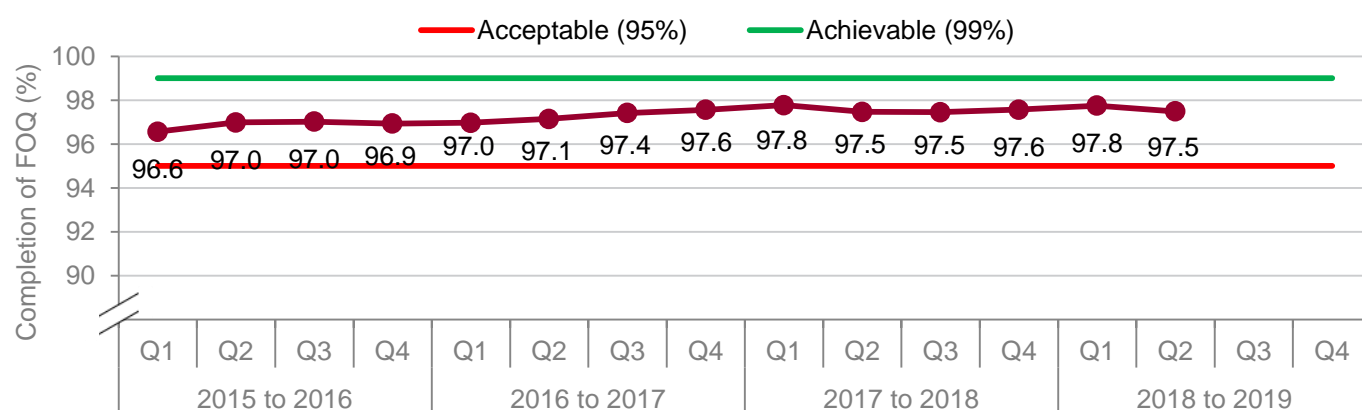


National performance of ST3 in Q2 was 97.5%, slightly lower than in comparison to the previous quarter

122 out of 147 screening providers met the acceptable threshold of 95% (7 providers did not submit)

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

National trend data



KPI ST3

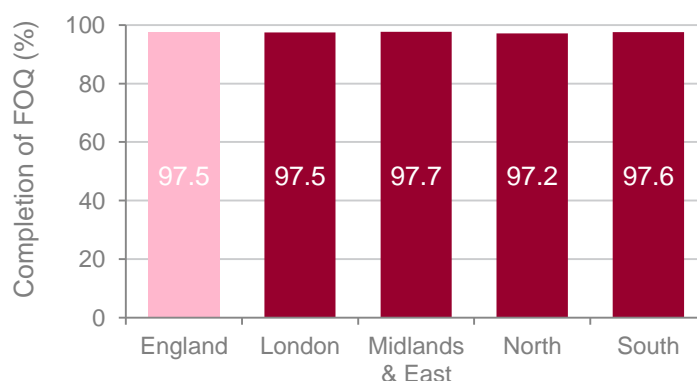
Reporting period: **Q2 2018 to 2019**

England

- numerator = **154,786**
- denominator = **158,768**
- performance = **97.5%**

Completeness of data: **95.2%**

Quarter 2 performance



KPI ST3 description

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

Reported by: Maternity service

Sickle cell and thalassaemia (SCT) screening programme

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



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

KPI ST4a description

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

Reported by: Maternity service

Sickle cell and thalassaemia (SCT) screening programme

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



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

KPI ST4b description

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

Reported by: Maternity service

Newborn blood spot (NBS) screening programme

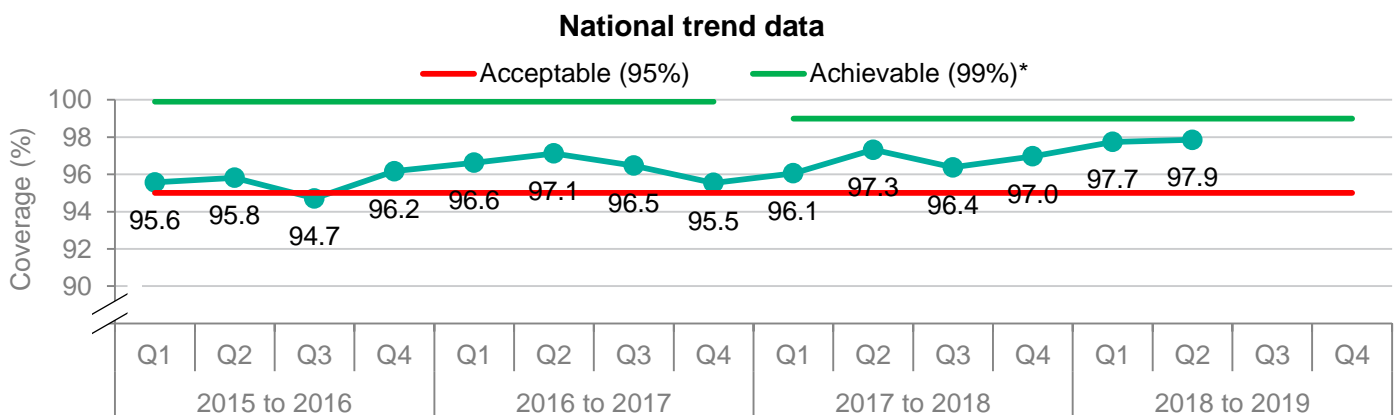
KPI NB1: Coverage (CCG responsibility at birth)



National performance of NB1 increased in Q2 to its highest ever level at 97.9%

184 out of 195 CCGs met the acceptable threshold of 95% (4 CCGs did not submit)

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



*Achievable threshold changed in 2017 to 2018

KPI NB1

Reporting period: **Q2 2018 to 2019**

England

- numerator = **147,581**
- denominator = **150,823**
- performance = **97.9%**

Completeness of data: **97.9%**

Quarter 2 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

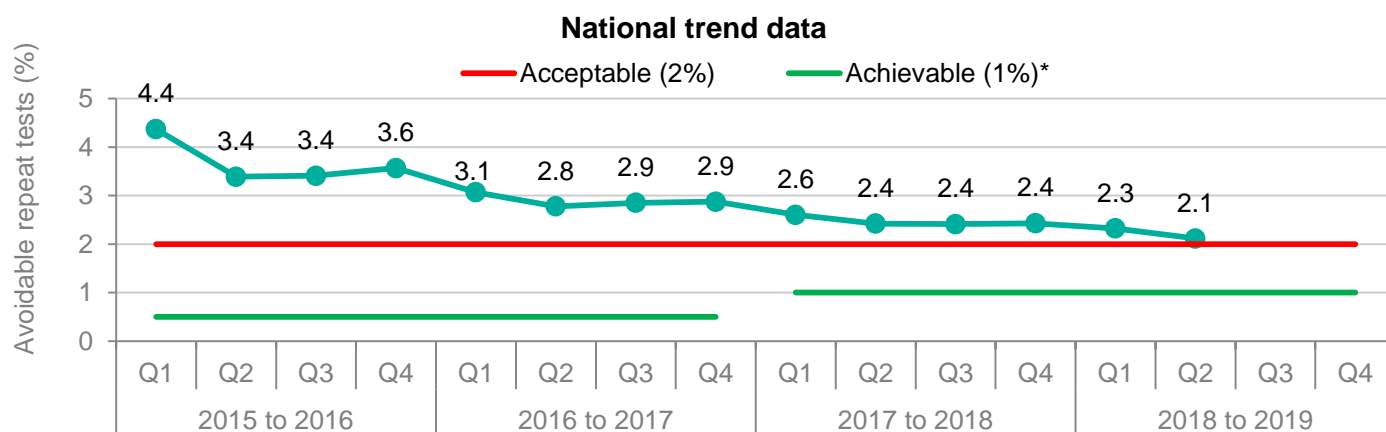
KPI NB2: Avoidable repeat tests



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 Q2 reached a new lowest ever level at 2.1%

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



*Achievable threshold changed in 2017 to 2018

KPI NB2

Reporting period: **Q2 2018 to 2019**
England

- numerator = **3,352**
- denominator = **158,335**
- performance = **2.1%**

Completeness of data: **99.3%**

Quarter 2 performance



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

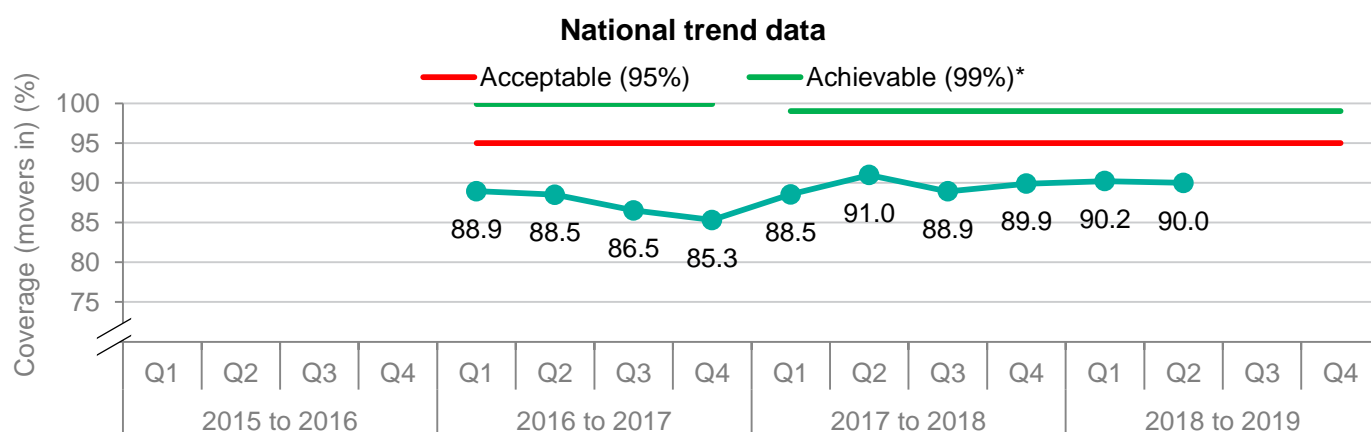
KPI NB4: Coverage (movers in)



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

National performance of NB4 decreased slightly in Q2 to 90.0% (4 out of 195 CCGs did not submit)

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



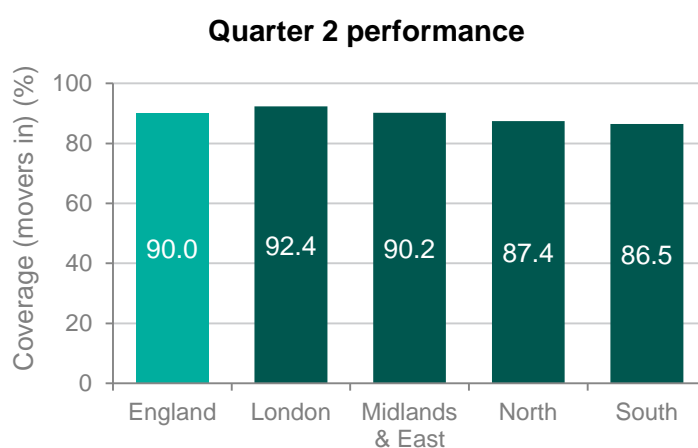
*Achievable threshold changed in 2017 to 2018

KPI NB4

Reporting period: **Q2 2018 to 2019**
England

- numerator = **14,231**
- denominator = **15,816**
- performance = **90.0%**

Completeness of data: **97.9%**



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)

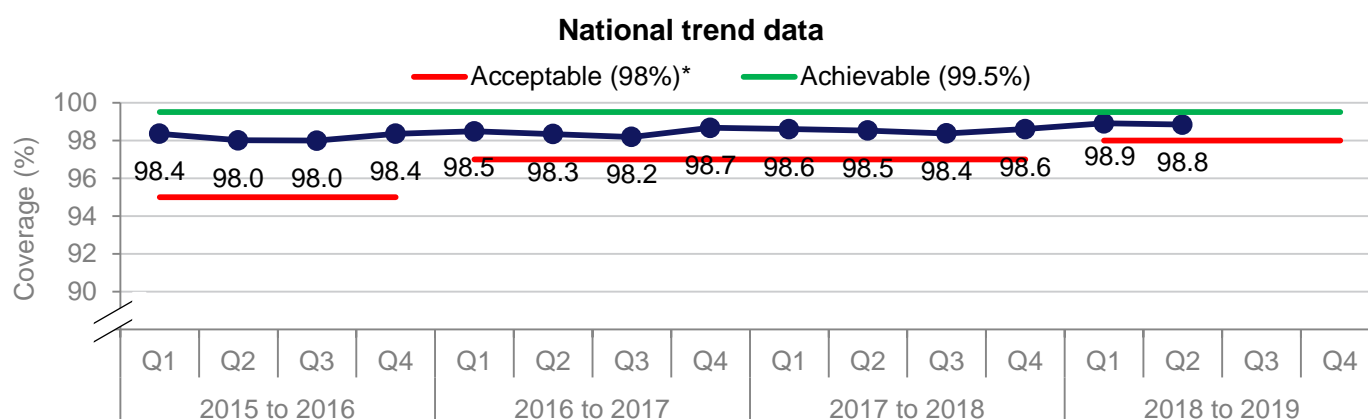
KPI NH1: Coverage



National performance of NH1 in Q2 remained high at 98.9%

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

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



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

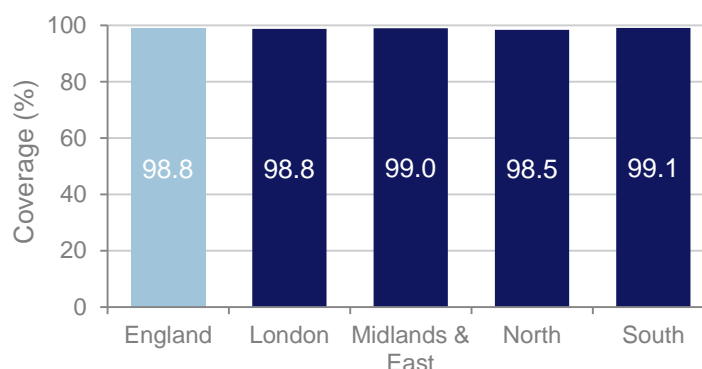
KPI NH1

Reporting period: **Q2 2018 to 2019**
England

- numerator = **158,361**
- denominator = **160,222**
- performance = **98.8%**

Completeness of data: **100%**

Quarter 2 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)

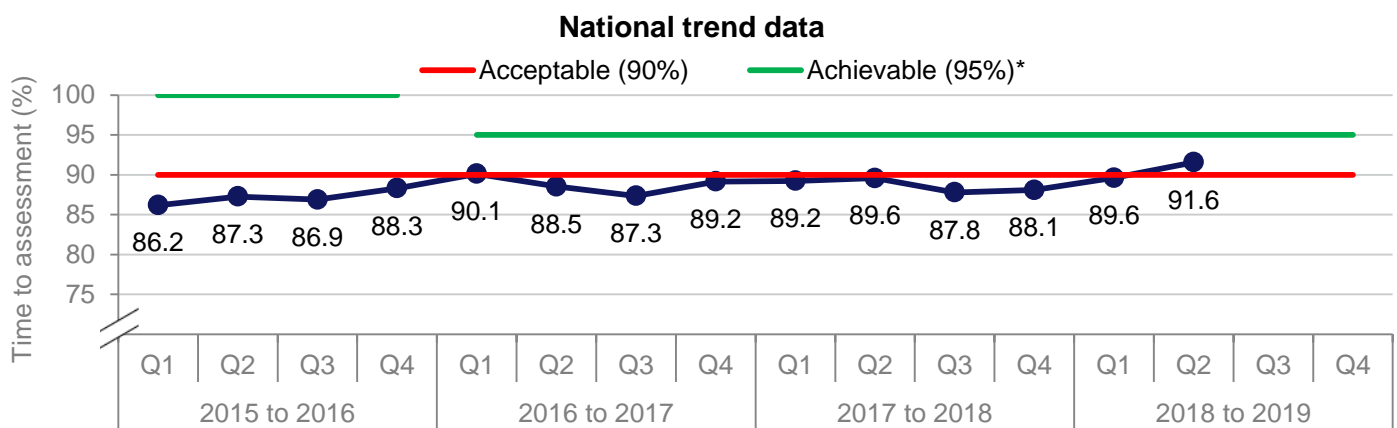
KPI NH2: Time from screening outcome to attendance at an audiological assessment appointment



National performance of NH2 in Q2 was 91.6%, the highest ever level recorded for this KPI

73 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

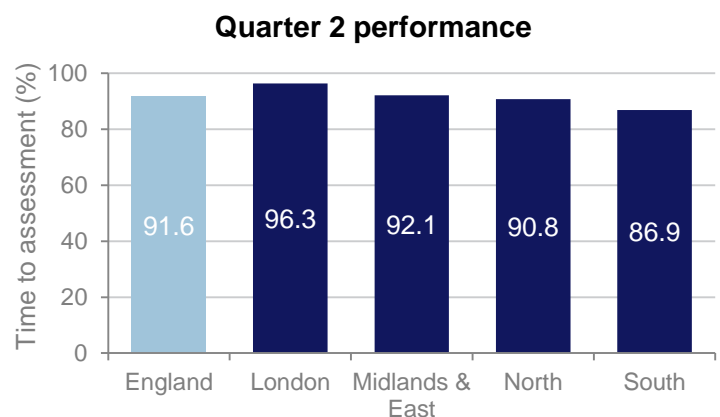


KPI NH2

Reporting period: **Q2 2018 to 2019**
England

- numerator = **3,238**
- denominator = **3,536**
- performance = **91.6%**

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

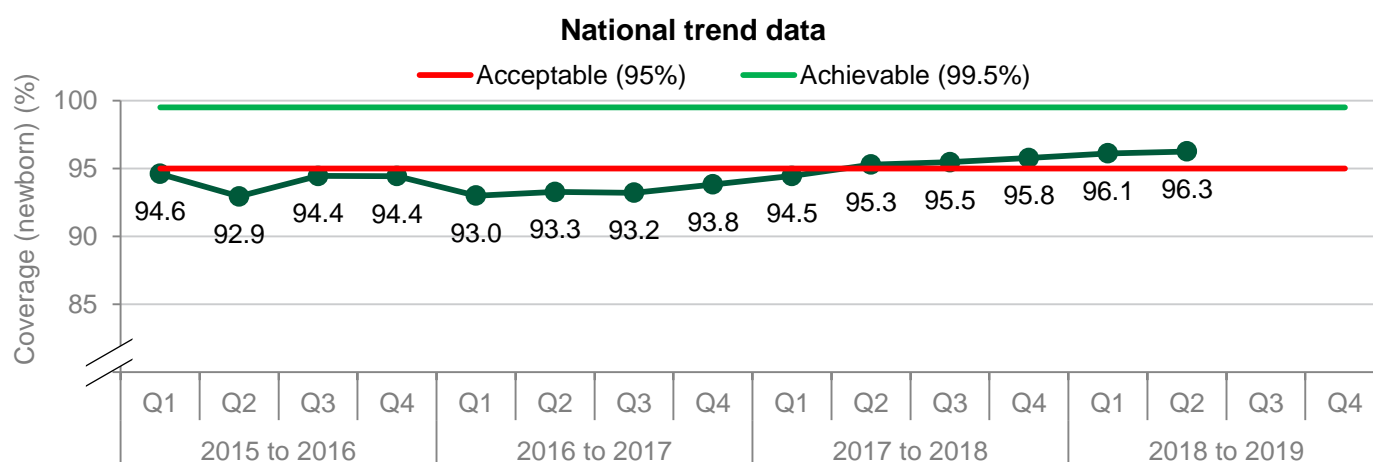
Reported by: Local NHSP site

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



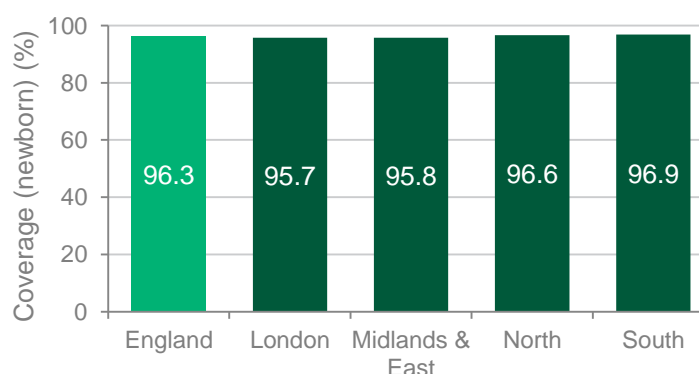
KPI NP1

Reporting period: **Q2 2018 to 2019**
England

- numerator = **149,681**
- denominator = **155,505**
- performance = **96.3%**

Completeness of data: **98.6%**

Quarter 2 performance



KPI NP1 description

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

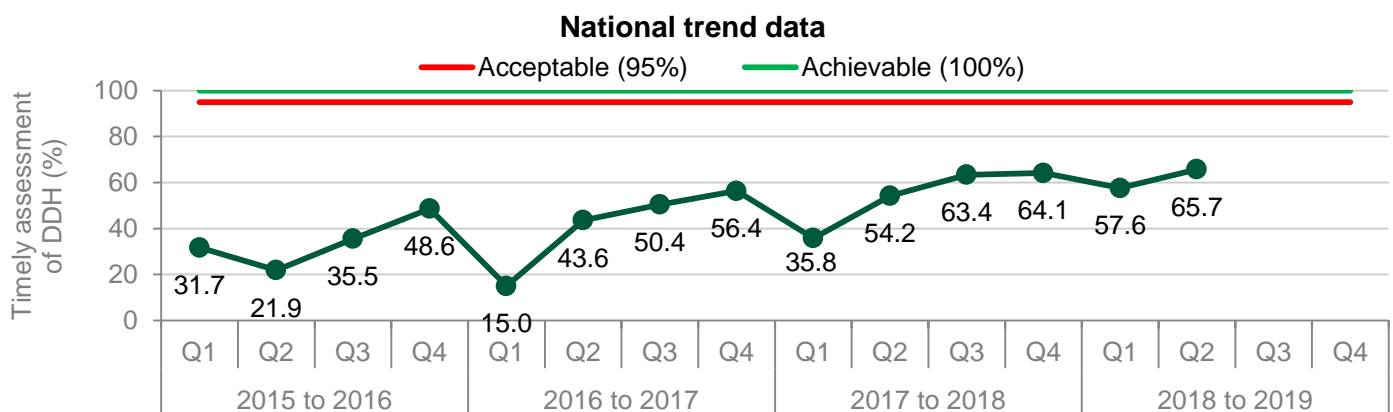
Reported by: Maternity service

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.

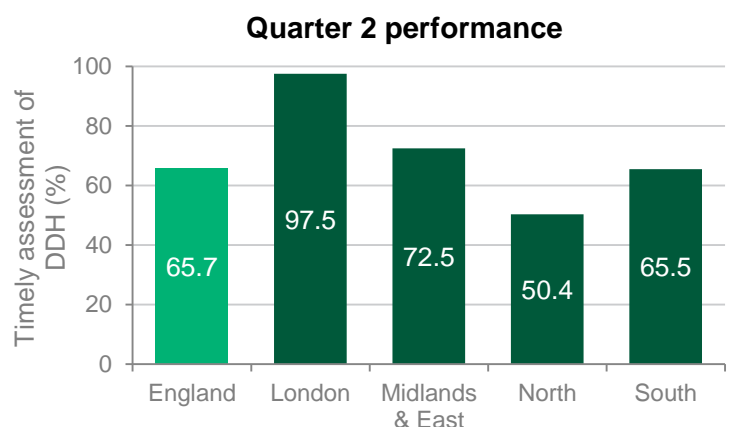


KPI NP2

Reporting period: **Q2 2018 to 2019**
England

- numerator = **282**
- denominator = **429**
- performance = **65.7%**

Completeness of data: **96.6%**



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

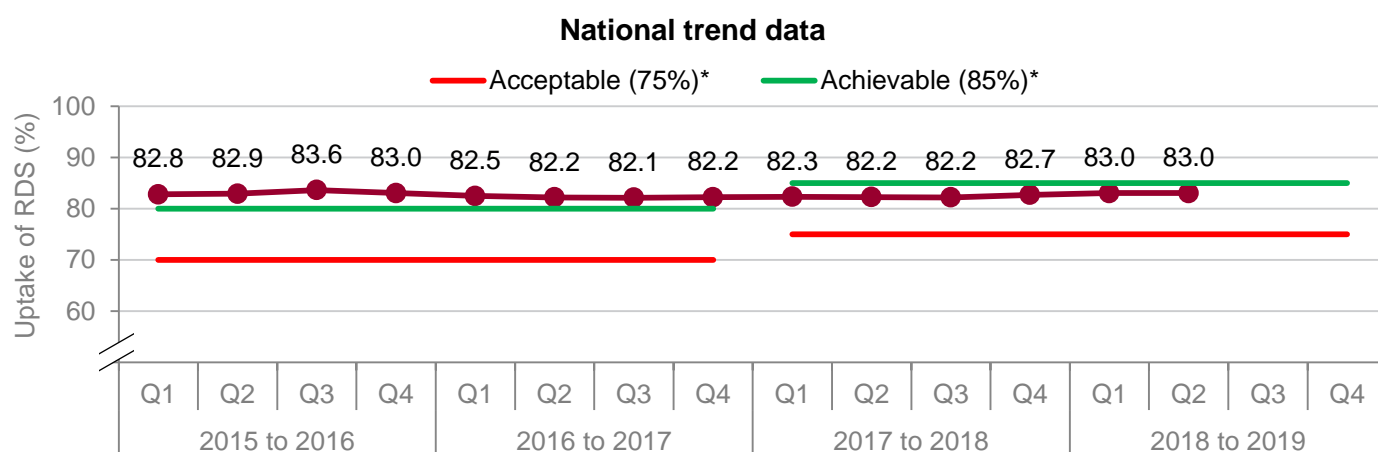
KPI DE1: Uptake of routine digital screening event



National performance of DE1 in Q2 was 83.0%, remaining the highest it has been for over 2 years

61 out of 62 screening providers met the acceptable threshold of 75%

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



*Thresholds changed in 2017 to 2018

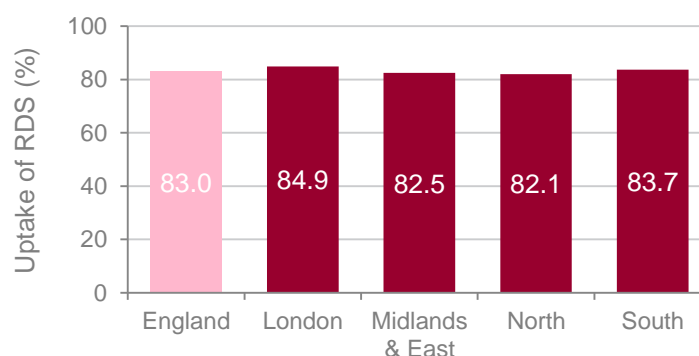
KPI DE1

Reporting period: **Q2 2018 to 2019**
England

- numerator = **2,294,292**
- denominator = **2,763,596**
- performance = **83.0%**

Completeness of data: **100%**

Quarter 2 performance



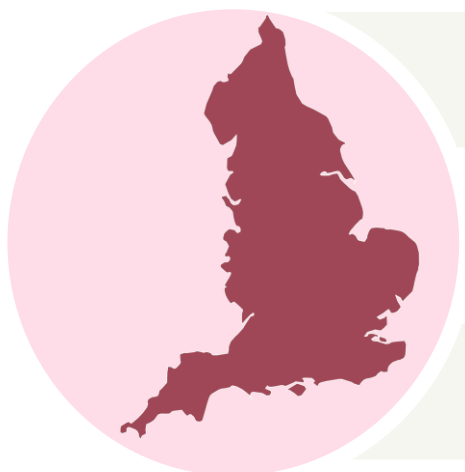
KPI DE1 description

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

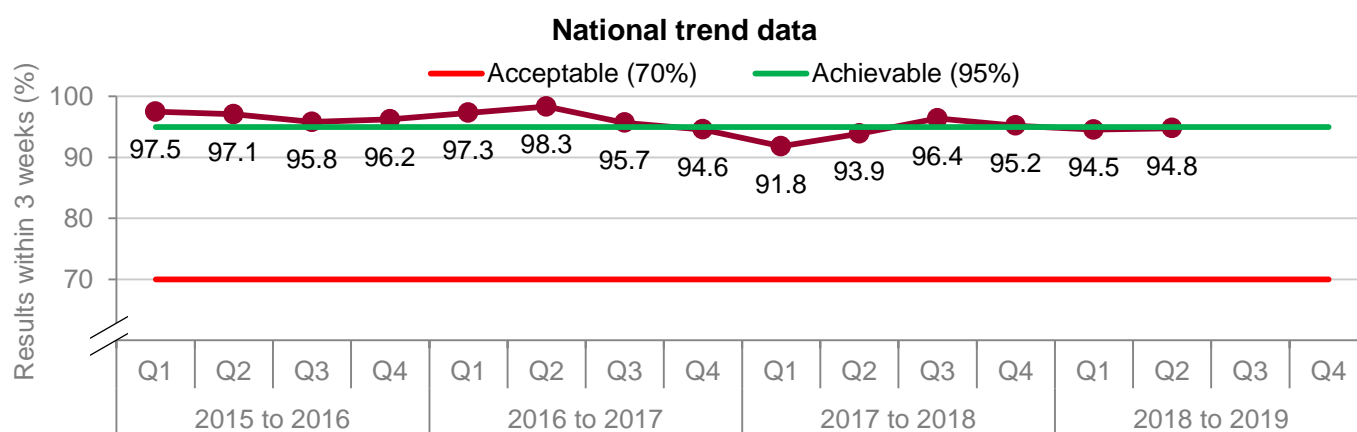
KPI DE2: Results issued within 3 weeks of routine digital screening, digital surveillance or slit lamp biomicroscopy



National performance of DE2 in Q2 stayed just below the achievable threshold (95%) at 94.8%

59 out of 62 screening providers met the acceptable threshold of 70%

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

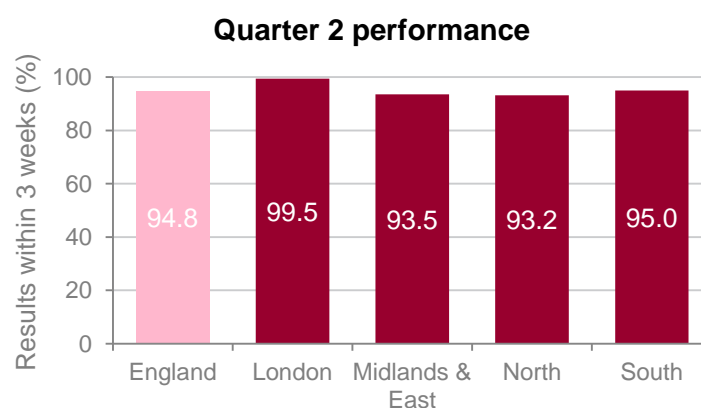


KPI DE2

Reporting period: **Q2 2018 to 2019**
England

- numerator = **636,305**
- denominator = **671,396**
- performance = **94.8%**

Completeness of data: **100%**



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

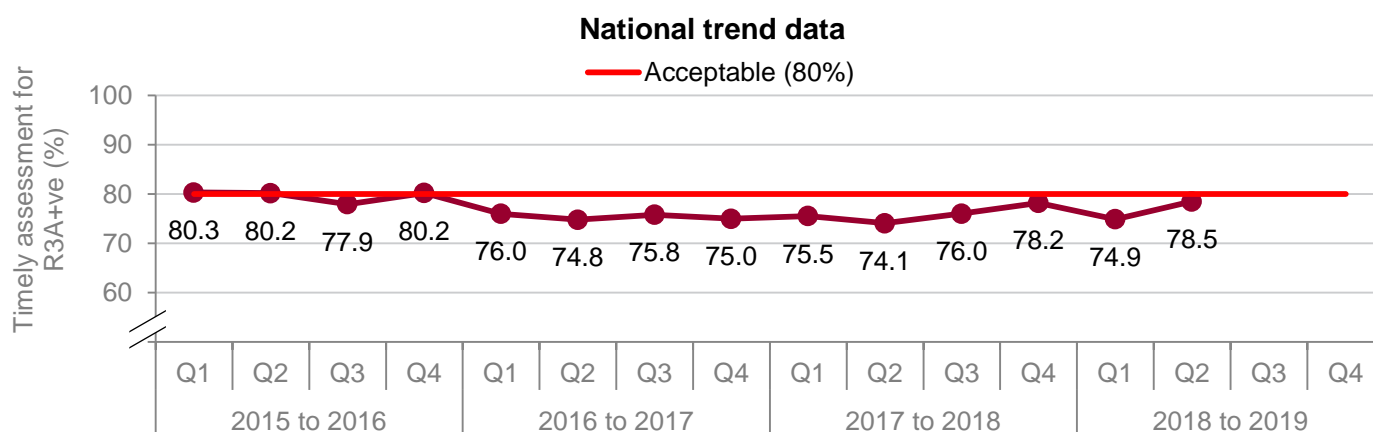
KPI DE3: Timely assessment for R3A screen positive



National performance of DE3 in Q2 was 78.5%, below the acceptable threshold of 80% but the highest it has been for the last 2 years

34 out of 62 screening providers met the acceptable threshold of 80%

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

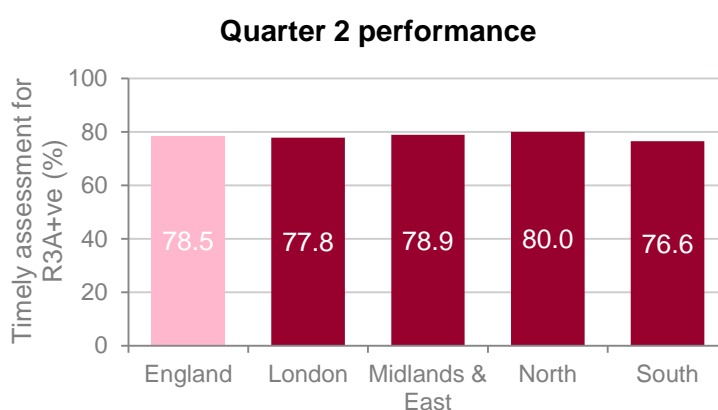


KPI DE3

Reporting period: **Q2 2018 to 2019**
England

- numerator = **1,802**
- denominator = **2,296**
- performance = **78.5%**

Completeness of data: **100%**



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

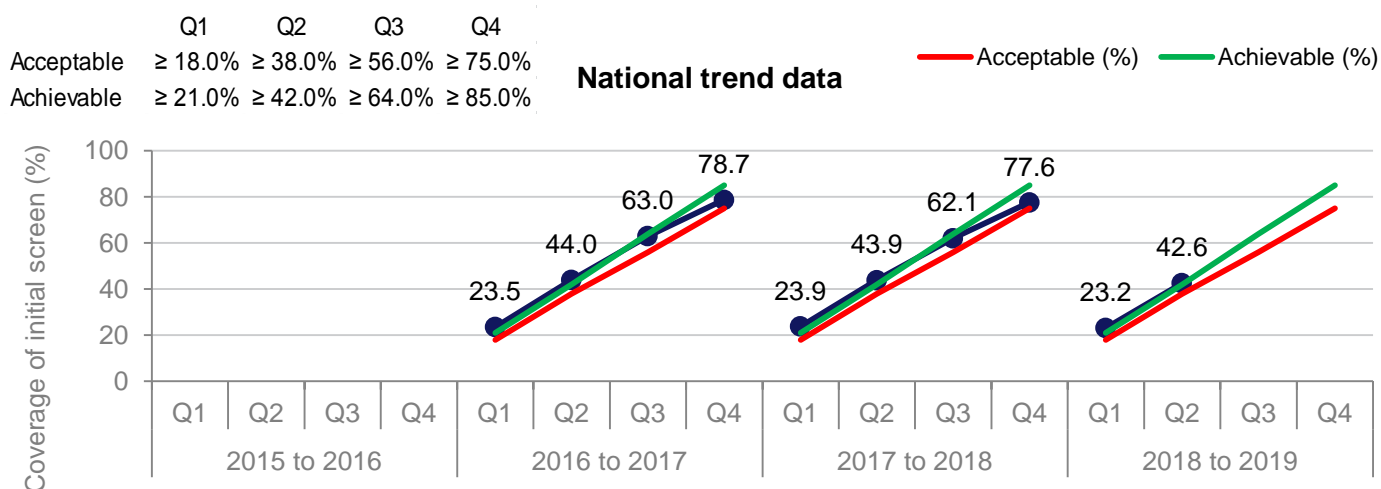
KPI AA2: Coverage of initial screen



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

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

National performance of AA2 in Q2 was above the achievable threshold. 30 out of 39 screening providers met the acceptable threshold of 38%



KPI AA2

Reporting period: **Q2 2018 to 2019**
England

- numerator = **125,324**
- denominator = **294,084**
- performance = **42.6%**

Completeness of data: **100%**

Quarter 2 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

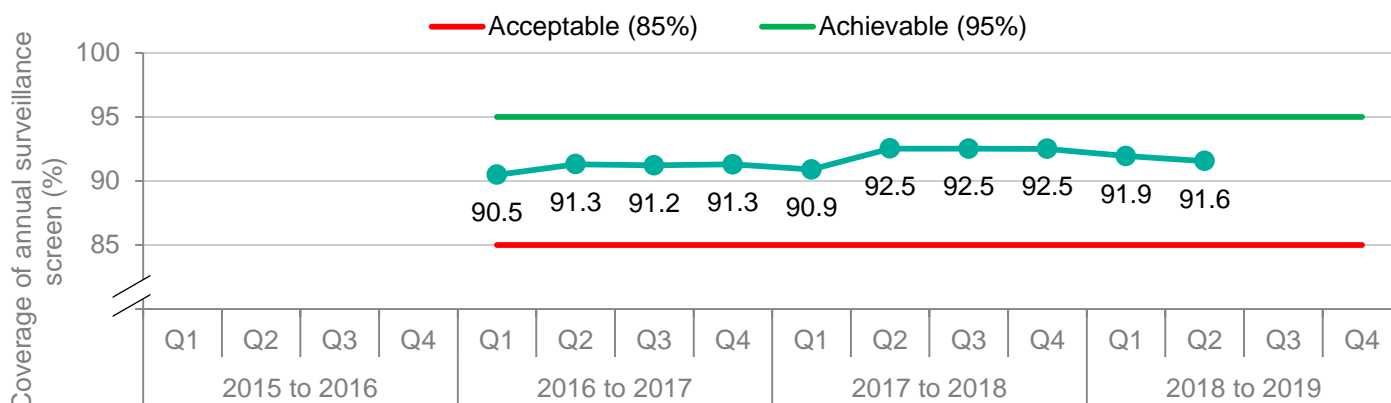


2016 to 2017 was the first year of data publication for AA3

National performance of AA3 in Q2 was 91.6% above the acceptable threshold but below the achievable threshold

35 out of 39 providers met the acceptable threshold of 85% and 11 providers met the achievable threshold of 95%

National trend data



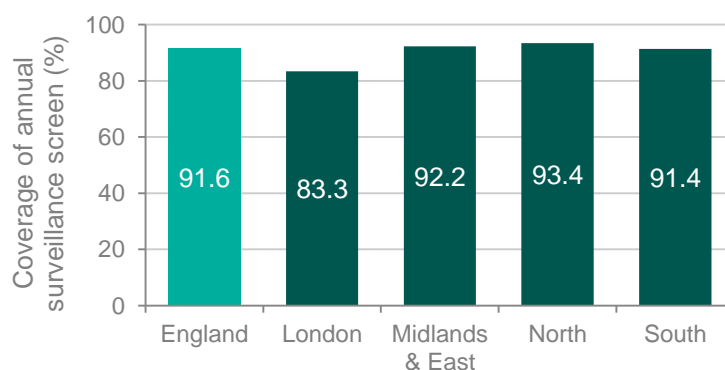
KPI AA3

Reporting period: **Q2 2018 to 2019**
England

- numerator = **2,828**
- denominator = **3,089**
- performance = **91.6%**

Completeness of data: **100%**

Quarter 2 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

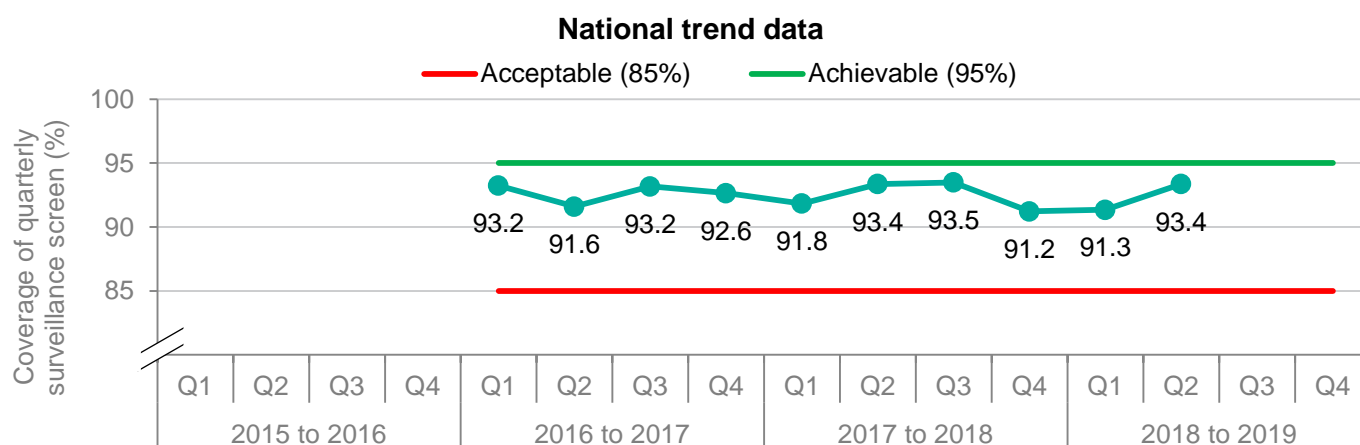
KPI AA4: Coverage of quarterly surveillance screen



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

National performance of AA4 in Q2 was 93.4% above the acceptable threshold and higher than the previous 2 quarters

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

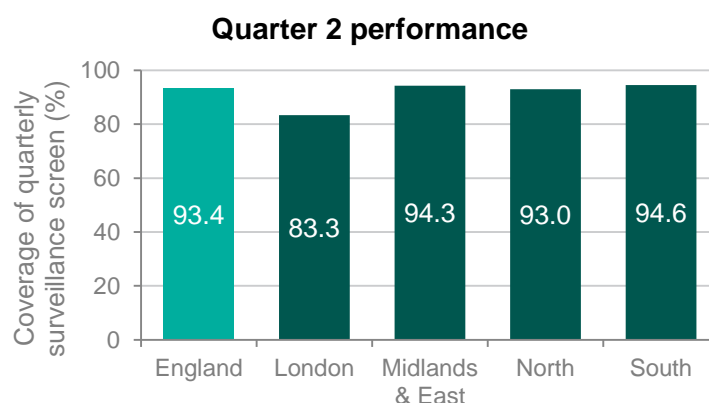


KPI AA4

Reporting period: **Q2 2018 to 2019**
England

- numerator = **2,150**
- denominator = **2,303**
- performance = **93.4%**

Completeness of data: **100%**



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

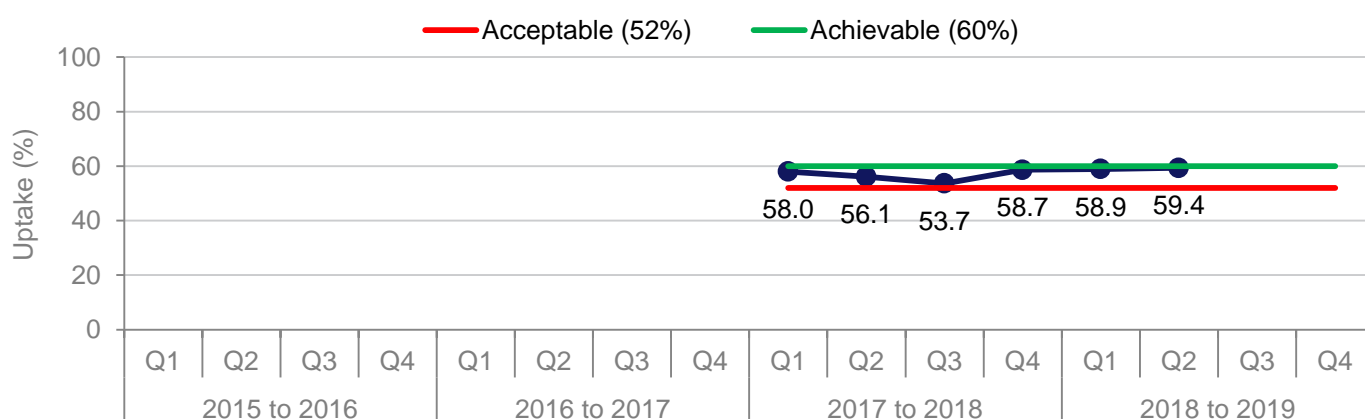


2017 to 2018 was the first year of data publication for BCS1

National performance of BCS1 in Q2 was 59.4%, above the acceptable threshold and below the achievable threshold

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

National trend data



KPI BCS1

Reporting period: **Q2 2018 to 2019**
England

- numerator = **682,835**
- denominator = **1,149,766**
- performance = **59.4%**

Completeness of data: **100%**

Quarter 2 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



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

National performance of BCS2 in Q1 was 59.2%. There are no thresholds set for this KPI.

Coverage ranged from 50.4% in London to 61.8% in the South

National trend data



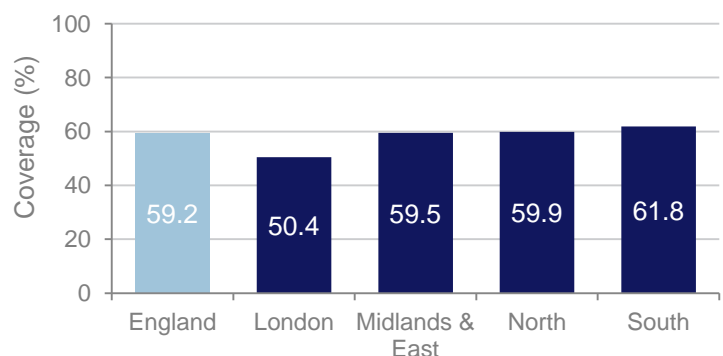
KPI BCS2

Reporting period: **Q1 2018 to 2019**
England

- numerator = **4,799,780**
- denominator = **8,103,664**
- performance = **59.2%**

Completeness of data: **100%**

Quarter 1 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)

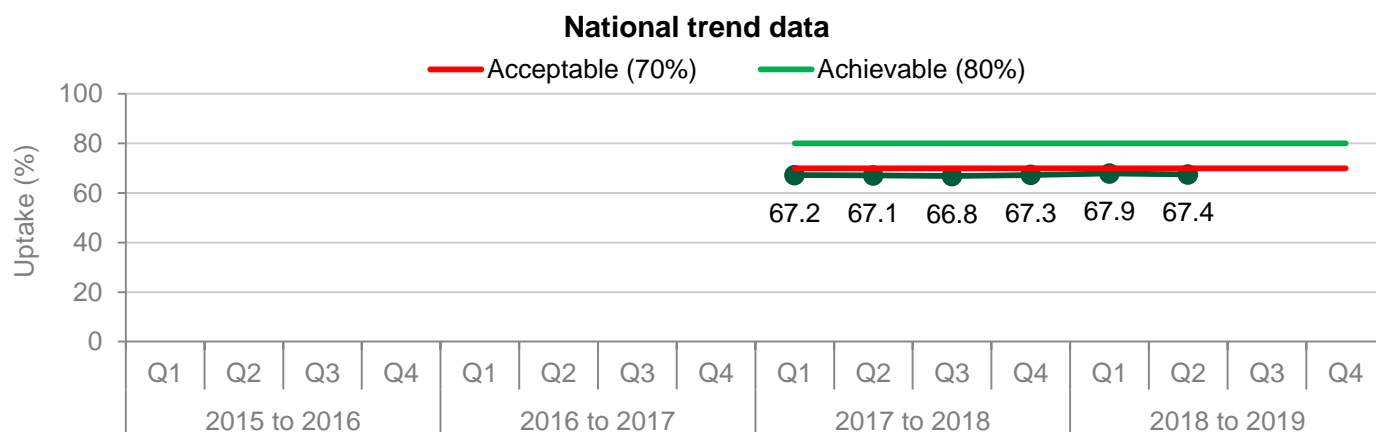
KPI BS1: Uptake



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

National performance of BS1 in Q2 was 67.4%, below the acceptable threshold of 70%

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



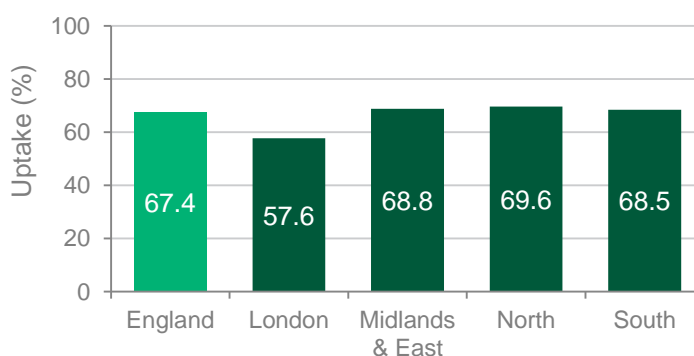
KPI BS1

Reporting period: **Q2 2018 to 2019**
England

- numerator = **435,018**
- denominator = **645,075**
- performance = **67.4%**

Completeness of data: **100%**

Quarter 2 performance



KPI BS1 description

The proportion of eligible women invited who attend for screening

Reported by: Local screening service

Breast screening programme (BSP)

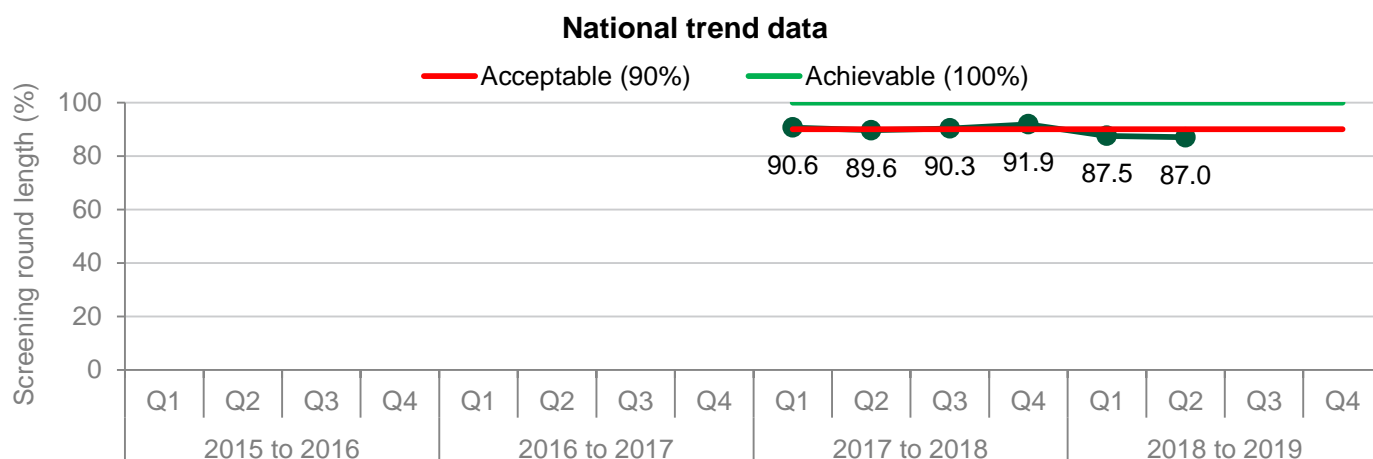
KPI BS2: Screening round length



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

National performance of BS2 in Q2 was 87.0%, below the acceptable threshold

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

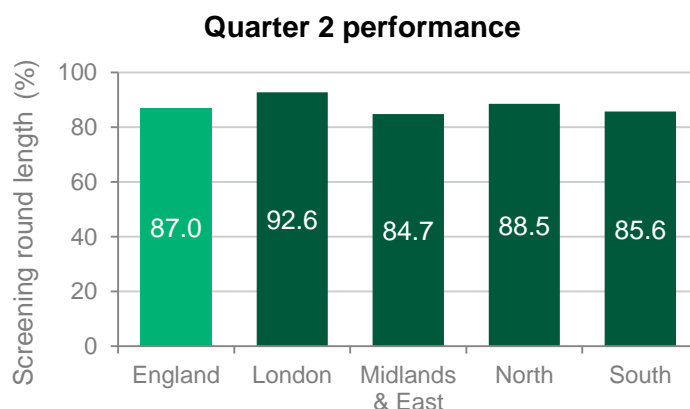


KPI BS2

Reporting period: **Q2 2018 to 2019**
England

- numerator = **421,376**
- denominator = **484,255**
- performance = **87.0%**

Completeness of data: **100%**



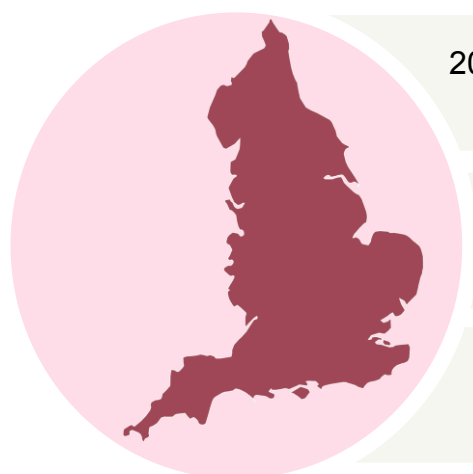
KPI BS2 description

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)

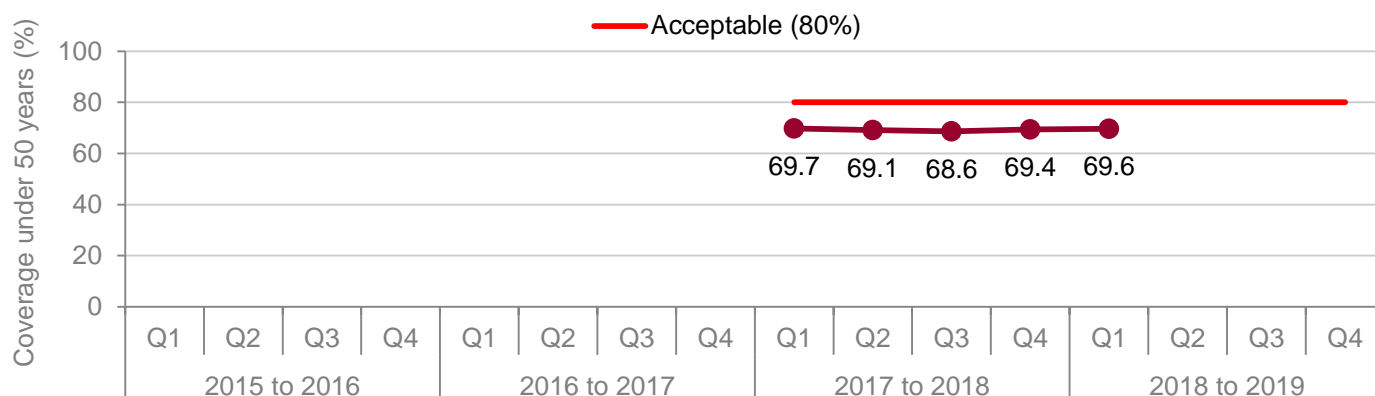


2017 to 2018 was the first year of data publication for CS1 and is available 6 months in arrears

National performance of CS1 in Q1 was below the acceptable threshold at 69.6%

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

National trend data



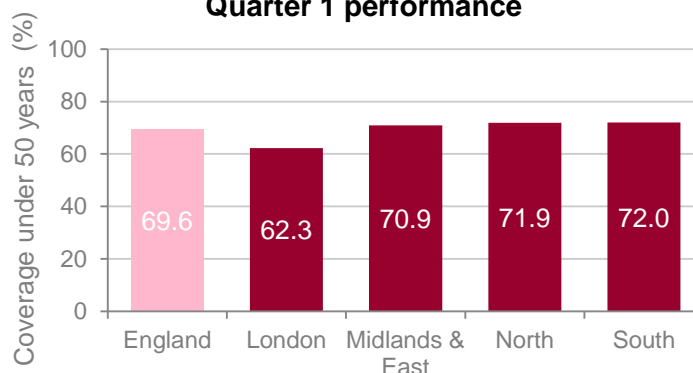
KPI CS1

Reporting period: **Q1 2018 to 2019**
England

- numerator = **6,988,075**
- denominator = **10,037,183**
- performance = **69.6%**

Completeness of data: **100%**

Quarter 1 performance



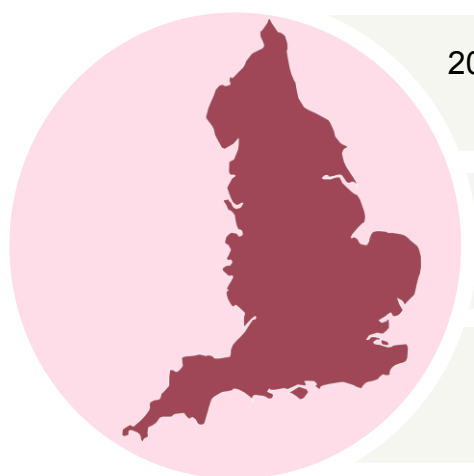
KPI CS1 description

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)

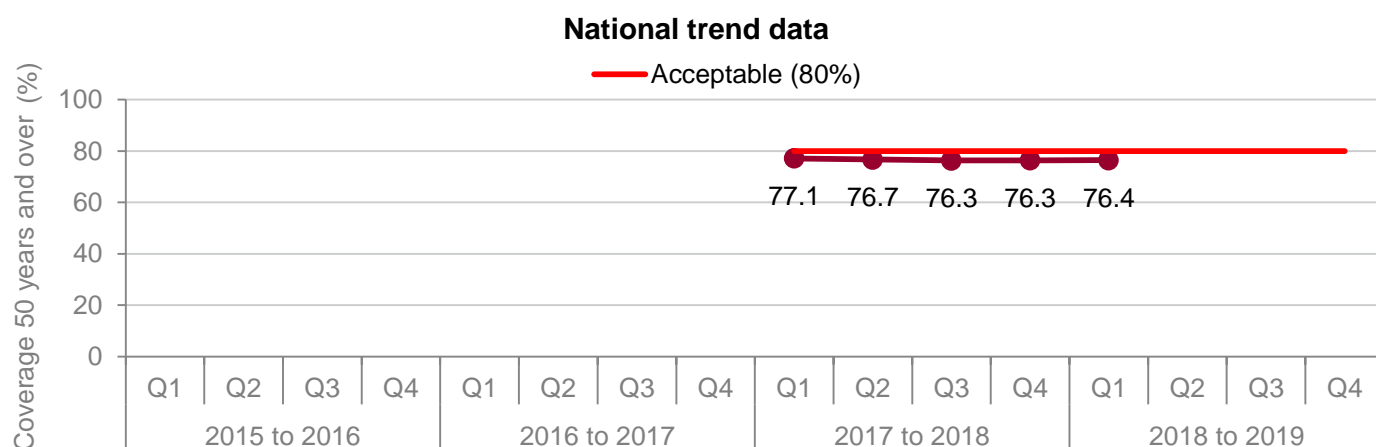
KPI CS2: Coverage (50 years and above)



2017 to 2018 was the first year of data publication for CS2 and is available 6 months in arrears

National performance of CS2 in Q1 was below the acceptable threshold at 76.4%

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

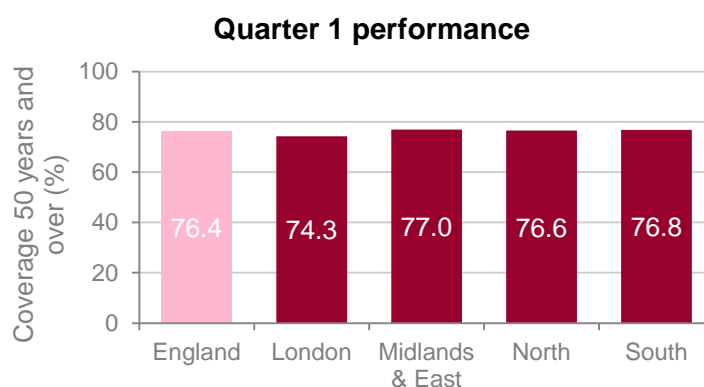


KPI CS2

Reporting period: **Q1 2018 to 2019**
England

- numerator = **3,716,335**
- denominator = **4,863,867**
- performance = **76.4%**

Completeness of data: **100%**



KPI CS2 description

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

Reported by: CCG