Public Health England

Protecting and improving the nation's health

Screening KPI data summary factsheets

November 2019 – Issue 9

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 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 Blog: phescreening.blog.gov.uk
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 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 2016 to 2017 where available.

Please note this issue of the factsheet is not re-published if the corresponding KPI data is updated.

Further information

This report should be read in conjunction with the full KPI datasets for Q4 2018 to 2019 and Q1 2019 to 2020, and the KPI reporting data definitions.

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.

Summary dashboard

KPI	Current quarter	% previous quarter	% current quarter	Significant change	Acceptable threshold	Achievable threshold	RAG
ID1	Q1 2019/20	99.7	99.7	→	95.0	99.0	🟢
ID2	Q1 2019/20	86.2	83.8	→	70.0	90.0	🟡
ID3	Q1 2019/20	99.7	99.7	→	95.0	99.0	🟢
ID4	Q1 2019/20	99.7	99.7	→	95.0	99.0	🟢
FA1	Q1 2019/20	98.2	98.1	→	97.0	100	🟡
FA2	Q4 2018/19	98.9	99.1	⬆	90.0	95.0	🟢
ST1	Q1 2019/20	99.7	99.7	→	95.0	99.0	🟢
ST2	Q1 2019/20	56.9	58.7	⬆	50.0	75.0	🟡
ST3	Q1 2019/20	97.8	97.9	→	95.0	99.0	🟡
NB1	Q1 2019/20	98.1	97.9	⬇	95.0	99.0	🟡
NB2	Q1 2019/20	2.2	2.6	⬆	2.0	1.0	🔴
NB4	Q1 2019/20	87.9	87.6	→	95.0	99.0	🔴
NH1	Q1 2019/20	98.9	99.0	⬆	98.0	99.5	🟡
NH2	Q1 2019/20	90.0	90.8	→	90.0	95.0	🟡
NP1	Q1 2019/20	96.7	96.5	→	95.0	99.5	🟡
NP2	Q1 2019/20	67.0	72.8	→	95.0	100	🔴
DE1	Q1 2019/20	82.6	82.2	⬇	75.0	85.0	🟡
DE2	Q1 2019/20	99.1	98.8	⬇	70.0	95.0	🟢
DE3	Q1 2019/20	79.5	75.2	⬇	80.0	-	🔴
AA2	Q1 2019/20	78.0	23.1	-	18.0	21.0	🟢
AA3	Q1 2019/20	93.7	93.6	→	85.0	95.0	🟡
AA4	Q1 2019/20	94.1	92.6	→	85.0	95.0	🟡
BCS1	Q1 2019/20	61.7	62.1	⬆	52.0	60.0	🟢
BCS2	Q4 2018/19	59.7	60.1	⬆	-	-	
BS1	Q1 2019/20	67.8	67.8	→	70.0	80.0	🔴
BS2	Q1 2019/20	84.8	84.0	⬇	90.0	100	🔴
CS1	Q1 2019/20	70.2	71.0	⬆	80.0	-	🔴
CS2	Q1 2019/20	76.4	76.7	⬆	80.0	-	🔴

Summary dashboard explained

The dashboard displays:

- the current quarterly time period
- the national performance of the current quarter and previous quarter
- any significant change (displayed as arrows) from the previous to current quarter
- the acceptable and achievable thresholds
- the red, amber, green (RAG) rating

The thresholds are defined as follows:

The acceptable threshold is the lowest level of performance which screening services are expected to attain. All screening services should exceed the acceptable threshold and agree service improvement plans to meet the achievable threshold. Screening services not meeting the acceptable threshold are expected to put in place recovery plans to deliver rapid and sustained improvement.

The achievable threshold is the level at which the screening service is likely to be running optimally. All screening services should aspire to attain and maintain performance at or above this level.

The RAG rating compares the current quarterly performance to the thresholds. If the performance is below the acceptable threshold is it rated red, if performance is equal to or above the acceptable threshold but below the achievable threshold it is rated amber, and if performance is equal to or above the achievable threshold it is rated green. KPIs DE3, CS1 and CS2 only have the acceptable threshold; therefore only red or green is displayed. BCS2 has no thresholds therefore no RAG rating is applied. The performance percentages displayed are rounded to one decimal point for ease of reading, however the exact values are used when rating performance against the thresholds and to compare performance over time. This may result in rounded figures appearing to be the same as an acceptable or achievable threshold but RAG indicating a lower performance.

The upwards or downwards arrows displayed represent where there has been a significant increase or decrease in national performance (uses the Wilson Score method), or a horizontal arrow showing no significant change. KPI AA2 is an annual indicator, with quarterly data cumulative from Q1 to the current quarter; therefore no significance arrow is applied.

Index of screening KPIs

Antenatal and newborn

KPI code	KPI name
ID1	Infectious diseases in pregnancy – coverage: HIV
ID2	Infectious diseases in pregnancy – diagnosis/intervention: timely assessment of women with hepatitis B
ID3	Infectious diseases in pregnancy – coverage: hepatitis B
ID4	Infectious diseases in pregnancy – coverage: syphilis
FA1	Fetal anomaly – test: completion of laboratory request forms T21/T18/T13 screening
FA2	Fetal anomaly – coverage: fetal anomaly ultrasound
FA3	Fetal anomaly – coverage: T21/T18/T13 screening
ST1	Sickle cell and thalassaemia – coverage: antenatal screening
ST2	Sickle cell and thalassaemia – test: timeliness of antenatal screening
ST3	Sickle cell and thalassaemia – test: completion of family origin questionnaire
ST4a	Sickle cell and thalassaemia – referral: timely offer of prenatal diagnosis (PND) to women at risk of having an infant with sickle cell disease or thalassaemia
ST4b	Sickle cell and thalassaemia – referral: timely offer of prenatal diagnosis (PND) to couples at risk of having an infant with sickle cell disease or thalassaemia
NB1	Newborn blood spot – coverage of CCG responsibility at birth
NB2	Newborn blood spot – test: quality of the blood spot sample
NB4	Newborn blood spot – coverage of movers in
NH1	Newborn hearing – coverage
NH2	Newborn hearing – diagnosis/intervention: time from screening outcome to attendance at an audiological assessment appointment
NP1	Newborn and infant physical examination – coverage
NP2	Newborn and infant physical examination – diagnosis/intervention: timeliness of intervention for developmental dysplasia of the hip (DDH)

Index of screening KPIs

Young person and adult

KPI code	KPI name
DE1	Diabetic eye – uptake: routine digital screening
DE2	Diabetic eye – test: timeliness of results letters screening
DE3	Diabetic eye – intervention/treatment: timely consultation for people with diabetes who are screen positive
AA2	Abdominal aortic aneurysm – coverage: initial screen
AA3	Abdominal aortic aneurysm – coverage: annual surveillance screen
AA4	Abdominal aortic aneurysm – coverage: quarterly surveillance screen
BCS1	Bowel cancer – uptake
BCS2	Bowel cancer – coverage
BS1	Breast – uptake
BS2	Breast – uptake: screening round length
CS1	Cervical – coverage under 50 years
CS2	Cervical – coverage 50 years and above

Infectious diseases in pregnancy (IDPS) programme

KPI ID1: coverage: HIV

National performance of ID1 in Q1 remained above the achievable threshold at 99.7%

All 144 screening providers met the acceptable threshold of 95%

137 out of 144 screening providers reached the achievable threshold of 99%

National trend data

—— Acceptable ≥ 95.0%*   —— Achievable ≥ 99.0%*

Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
2016 to 2017				2017 to 2018				2018 to 2019				2019 to 2020			

Coverage (%) values: 99.3, 99.4, 99.5, 99.5, 99.5, 99.6, 99.6, 99.6, 99.7, 99.6, 99.7, 99.7, 99.7

KPI ID1

Reporting period: **Q1 2019 to 2020**
England
- numerator = **164,947**
- denominator = **165,415**
- performance = **99.7%**
Completeness of data: **100%**

Quarter 1 performance

England	London	Midlands and East	North	South
99.7	99.8	99.7	99.6	99.7
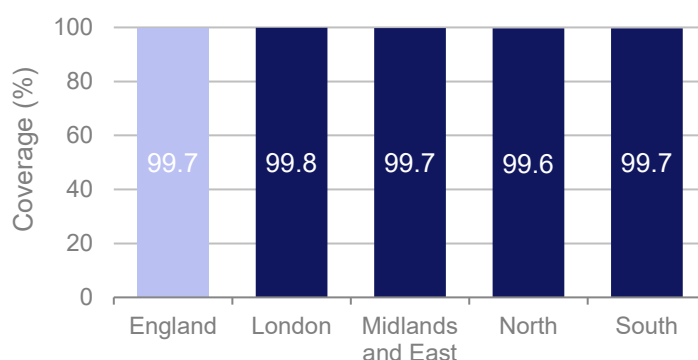
KPI ID1 description

The proportion of pregnant women eligible for human immunodeficiency virus (HIV) screening for whom a confirmed screening result is available at the day of report

Reported by: Maternity service

KPI ID2: diagnosis/intervention: 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 in Q1 was 83.8%, lower than the previous 2 quarters

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

National trend data

Acceptable ≥ 70.0%   Achievable ≥ 90.0%

Seen for hep B (%)

81.0 76.4 81.3 82.8 85.9 81.0 83.6 85.4 84.5 85.6 88.4 86.2 83.8

Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
2016 to 2017				2017 to 2018				2018 to 2019				2019 to 2020			

KPI ID2

Reporting period: **Q1 2019 to 2020**
England
- numerator = **201**
- denominator = **240**
- performance = **83.8%**
Completeness of data: **100%**

Quarter 1 performance

Seen for hep B (%)

England	London	Midlands and East	North	South
83.8	83.5	79.7	85.5	90.6
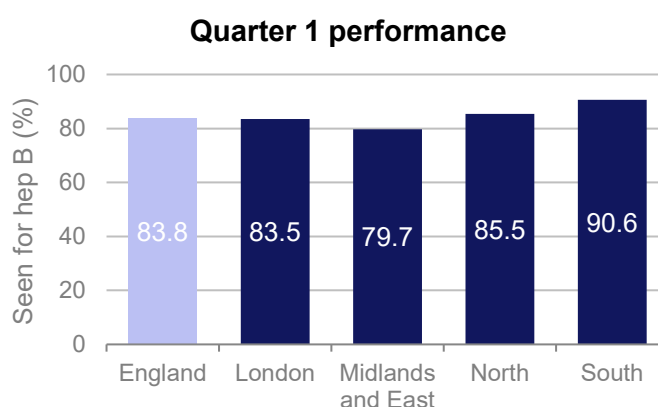
KPI ID2 description

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

Reported by: Maternity service

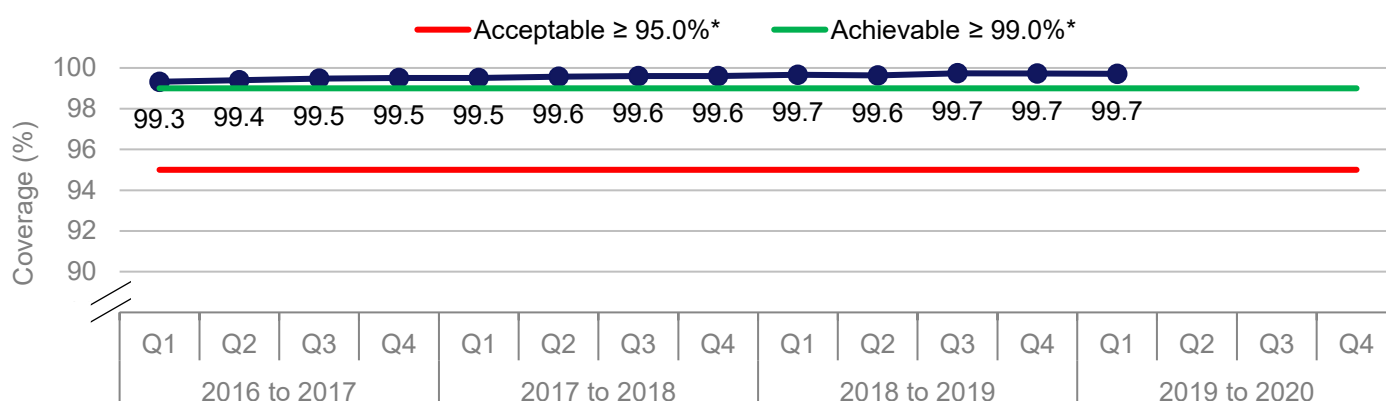## KPI ID3: coverage: hepatitis B

ID3 was a newly published KPI from 2018 to 2019. National performance in Q1 was 99.7%, above the achievable threshold

All 144 screening providers met the acceptable threshold of 95%

137 out of 144 screening providers reached the achievable threshold of 99%
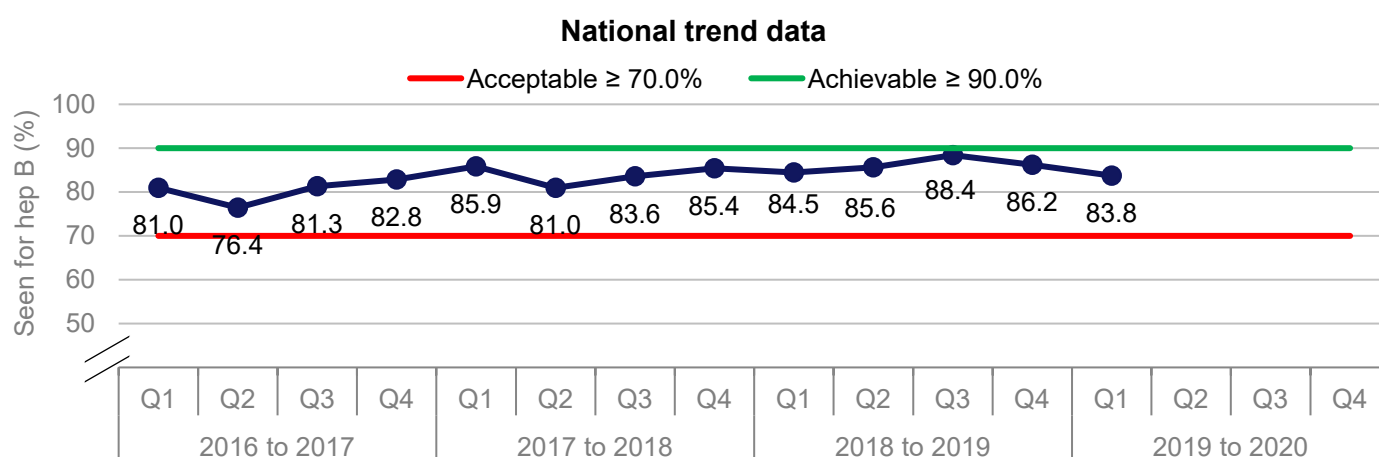
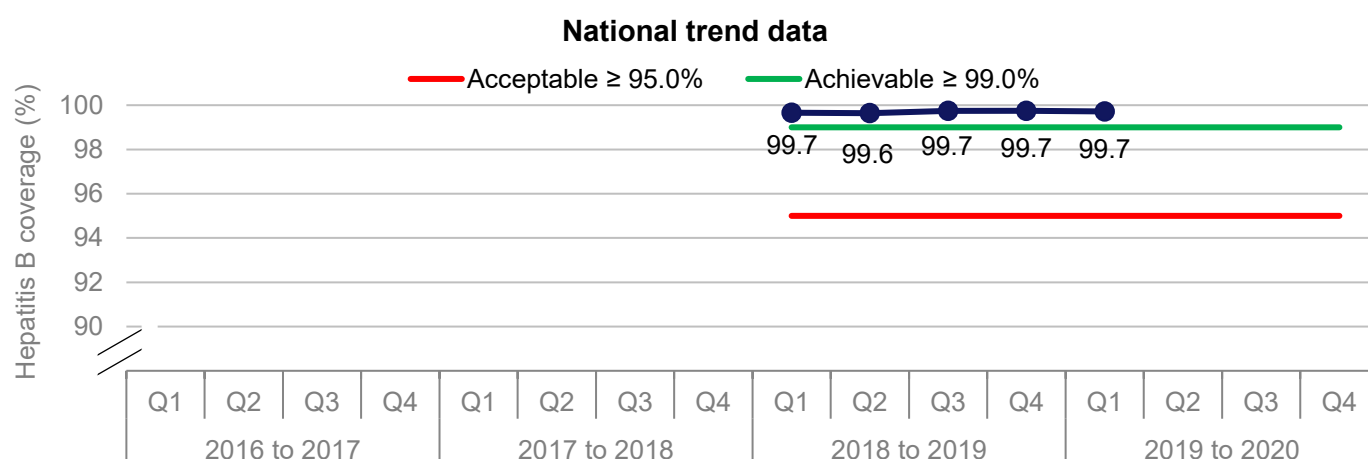**National trend data**

Acceptable ≥ 95.0%   Achievable ≥ 99.0%

								Q1	Q2	Q3	Q4	Q1			
								99.7	99.6	99.7	99.7	99.7			

Hepatitis B coverage (%)

Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
2016 to 2017				2017 to 2018				2018 to 2019				2019 to 2020			

KPI ID3

Reporting period: **Q1 2019 to 2020**
England
- numerator = **164,953**
- denominator = **165,417**
- performance = **99.7%**
Completeness of data: **100%**

Quarter 1 performance

England	London	Midlands and East	North	South
99.7	99.8	99.7	99.7	99.7

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

KPI ID4: coverage: syphilis

ID4 was a newly published KPI from 2018 to 2019. National performance in Q1 was 99.7%, above the achievable threshold

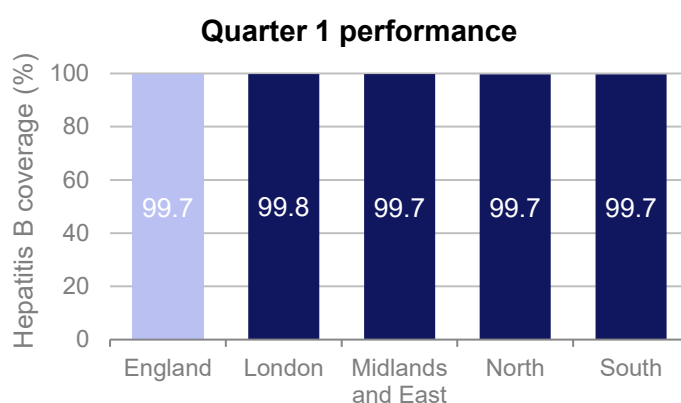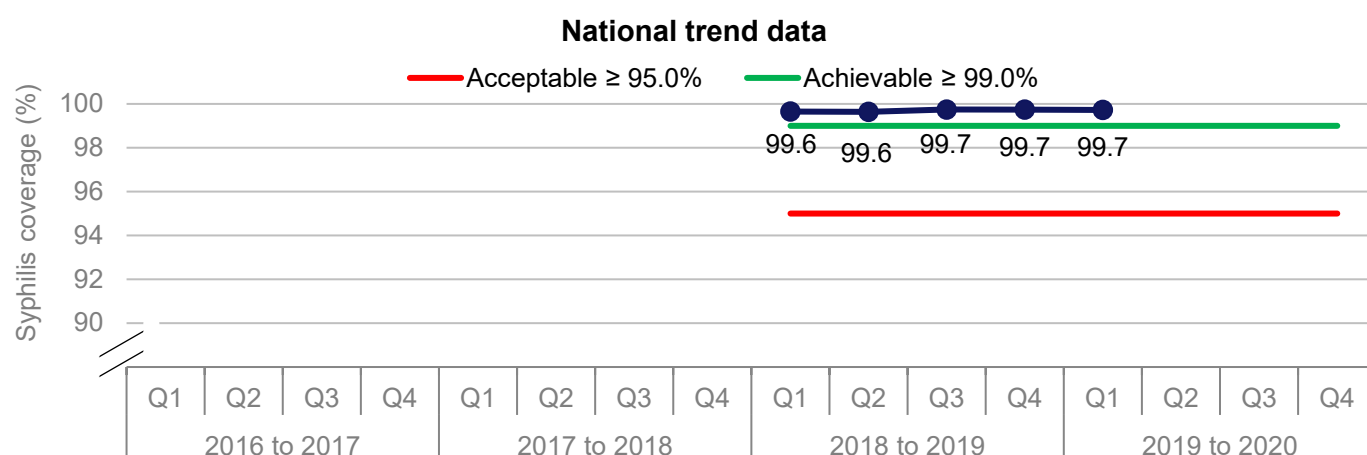143 out of 144 screening providers met the acceptable threshold of 95% (1 provider did not submit)

137 out of 144 screening providers reached the achievable threshold of 99%

National trend data

Acceptable ≥ 95.0%   Achievable ≥ 99.0%

Syphilis coverage (%)

	2016 to 2017				2017 to 2018				2018 to 2019				2019 to 2020			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4

99.6   99.6   99.7   99.7   99.7

KPI ID4

Reporting period: **Q1 2019 to 2020**
England
- numerator = **163,179**
- denominator = **163,620**
- performance = **99.7%**
Completeness of data: **99.3%**

Quarter 1 performance

Syphilis coverage (%)

England	London	Midlands and East	North	South
99.7	99.9	99.7	99.7	99.7
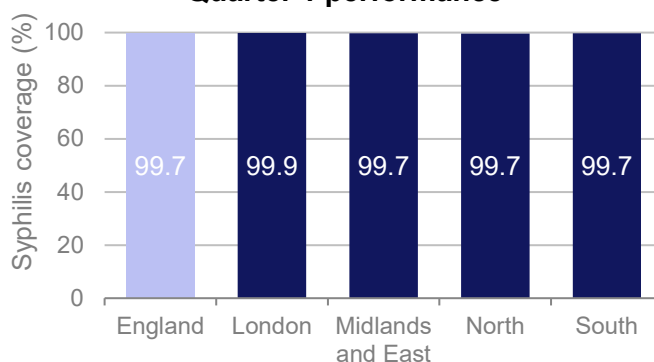
KPI ID4 description

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: test: completion of laboratory request forms T21/T18/T13 screening

National performance of FA1 in Q1 was 98.1%, slightly lower than the previous 3 quarters

116 out of 144 screening providers met the acceptable threshold of 97%

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

National trend data

Acceptable ≥ 97.0%   Achievable = 100%

	2016 to 2017				2017 to 2018				2018 to 2019				2019 to 2020			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Completion (%)	97.2	97.3	97.5	97.4	97.6	97.3	97.6	97.9	98.0	98.2	98.2	98.2	98.1			

KPI FA1

Reporting period: **Q1 2019 to 2020**
England
- numerator = **116,229**
- denominator = **118,473**
- performance = **98.1%**
Completeness of data: **100%**

Quarter 1 performance

England	London	Midlands and East	North	South
98.1	99.2	98.2	97.5	97.7

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 weeks + 0 days to 20 weeks + 0 days gestation
Reported by: Maternity service

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KPI FA2: coverage: fetal anomaly ultrasound

National performance of FA2 in Q4 was above the achievable threshold at 99.1%

135 out of 147 screening providers met the achievable threshold of 95% (10 providers did not submit)
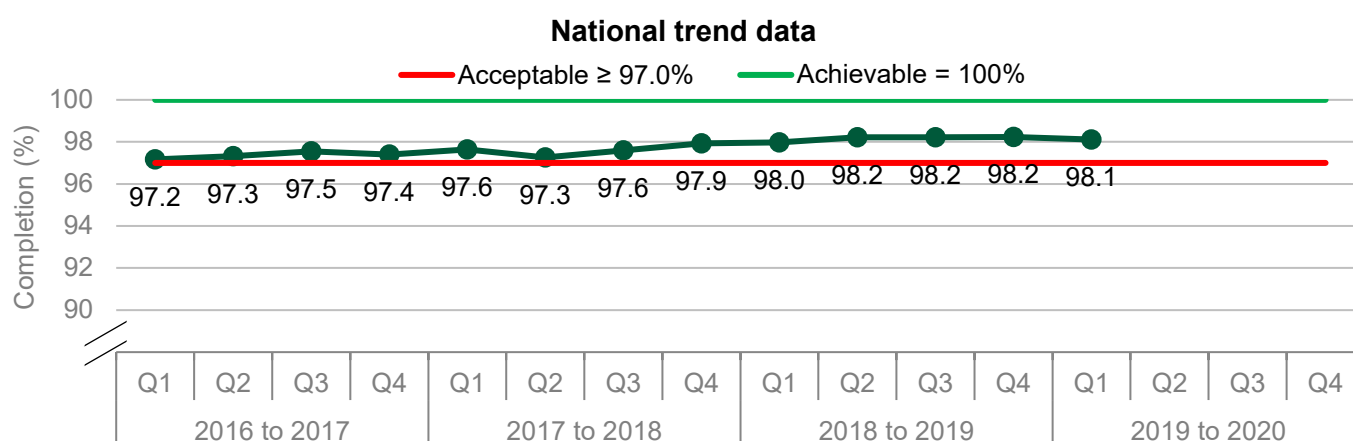
FA2 was introduced in 2016 to 2017 and is collected 2 quarters in arrears

National trend data

Acceptable ≥ 90.0%   Achievable ≥ 95.0%

98.8 98.9 98.9 98.8 99.1 98.9 98.9 99.1

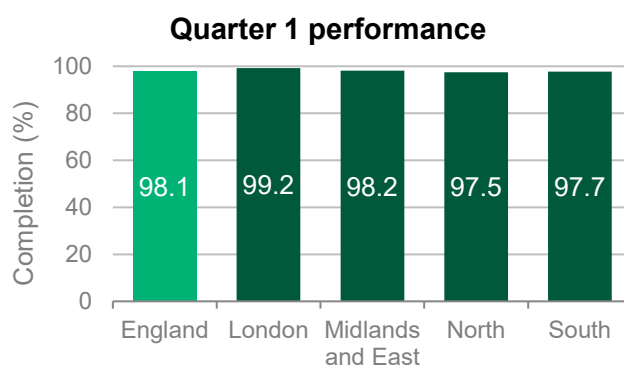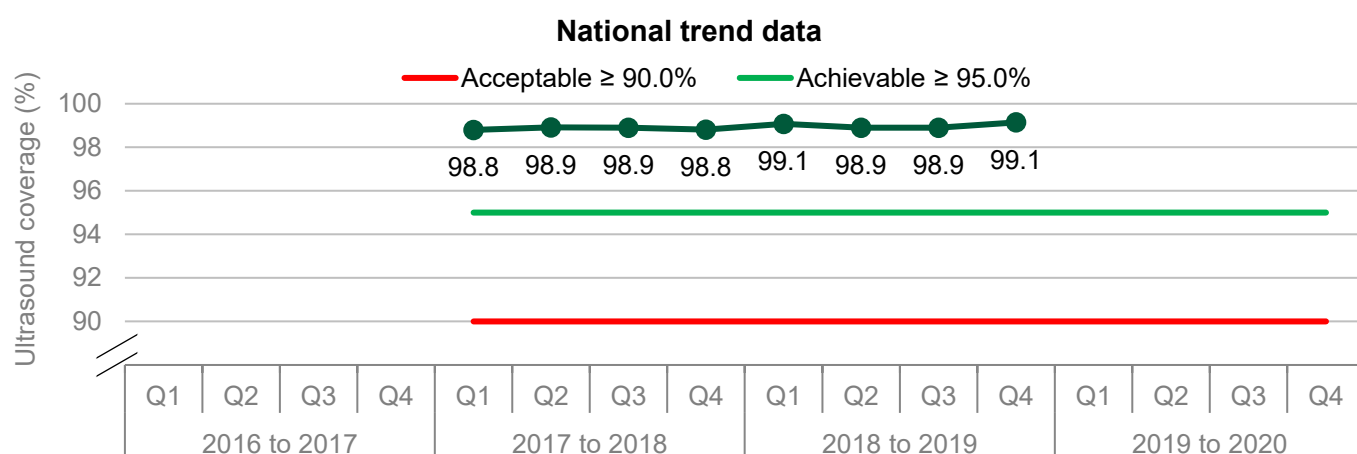|	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	2016 to 2017				2017 to 2018				2018 to 2019				2019 to 2020			

KPI FA2

Reporting period: **Q4 2018 to 2019**
England
- numerator = **143,635**
- denominator = **144,877**
- performance = **99.1%**
Completeness of data: **93.2%**

Quarter 4 performance

England	London	Midlands & East	North	South
99.1	99.0	99.2	99.0	99.4
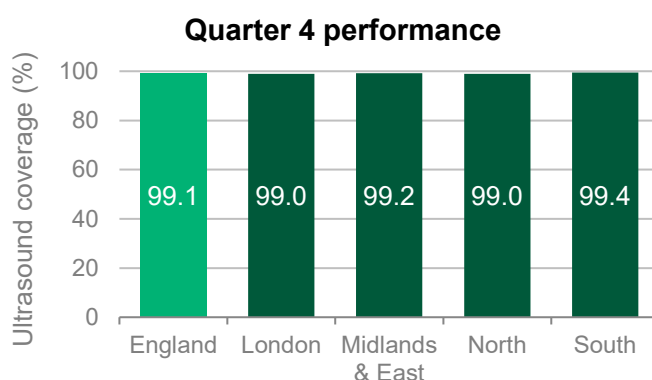
KPI FA2 description

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

Reported by: Maternity service

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KPI FA3: coverage: T21/T18/T13 screening

FA3 was a new KPI introduced in 2018 to 2019. New KPIs are not published in the first year of data collection. There is no intention to publish this KPI by individual maternity service. PHE Screening is reviewing the data with the aim of publishing it nationally in the future

KPI FA3 description
The proportion of pregnant women eligible for first trimester combined screening for Down's syndrome (T21), Edwards' syndrome (T18) and Patau's syndrome (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: antenatal screening

National performance of ST1 in Q1 remained at its highest ever level recorded for this KPI at 99.7%

All 144 screening providers met the acceptable threshold of 95%

136 out of 144 screening providers reached the achievable threshold of 99%

National trend data

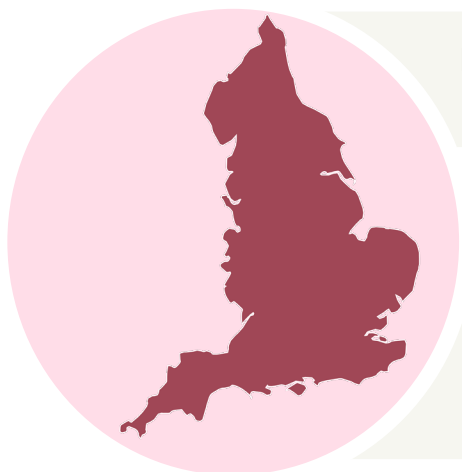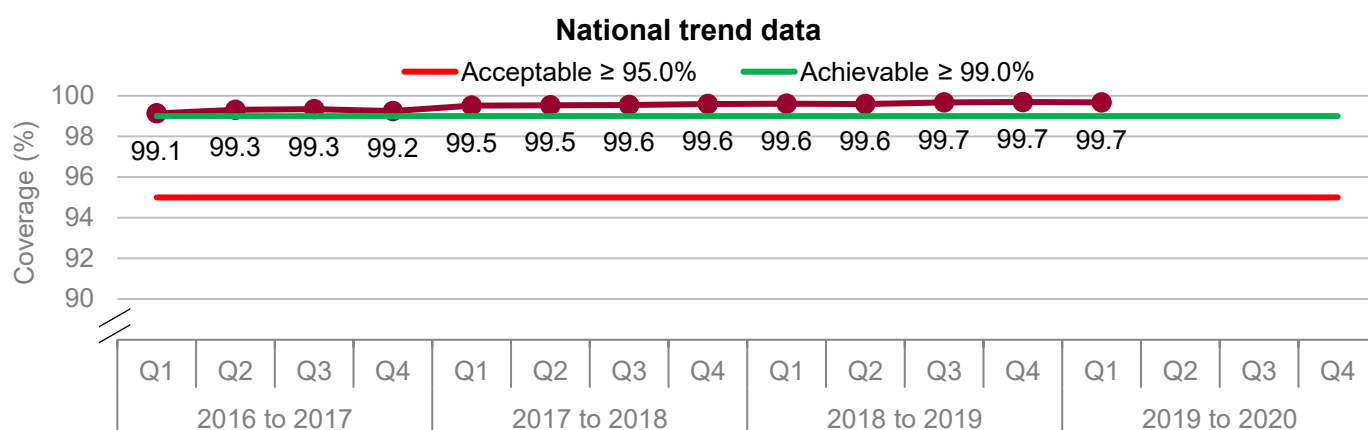Acceptable ≥ 95.0%   Achievable ≥ 99.0%

Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
99.1	99.3	99.3	99.2	99.5	99.5	99.6	99.6	99.6	99.6	99.7	99.7	99.7			
2016 to 2017				2017 to 2018				2018 to 2019				2019 to 2020			

Coverage (%)

KPI ST1

Reporting period: **Q1 2019 to 2020**
England
- numerator = **164,920**
- denominator = **165,451**
- performance = **99.7%**
Completeness of data: **100%**

Quarter 1 performance

England	London	Midlands and East	North	South
99.7	99.8	99.7	99.6	99.6

Coverage (%)

KPI ST1 description
The proportion of pregnant women eligible for antenatal sickle cell and thalassaemia (SCT) screening for whom a screening result is available at the day of report

Reported by: Maternity service

KPI ST2: test: timeliness of antenatal screening

National performance of ST2 in Q1 was 58.7%, higher than the previous quarter

119 out of 144 screening providers met the acceptable threshold of 50% (4 providers did not submit)

12 out of 144 screening providers reached the achievable threshold of 75%

National trend data

Acceptable ≥ 50.0% Achievable ≥ 75.0%

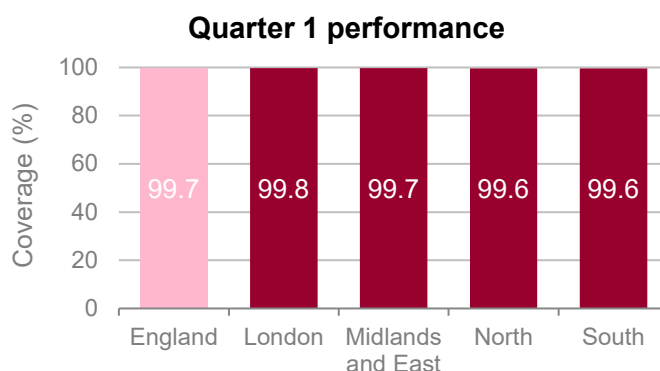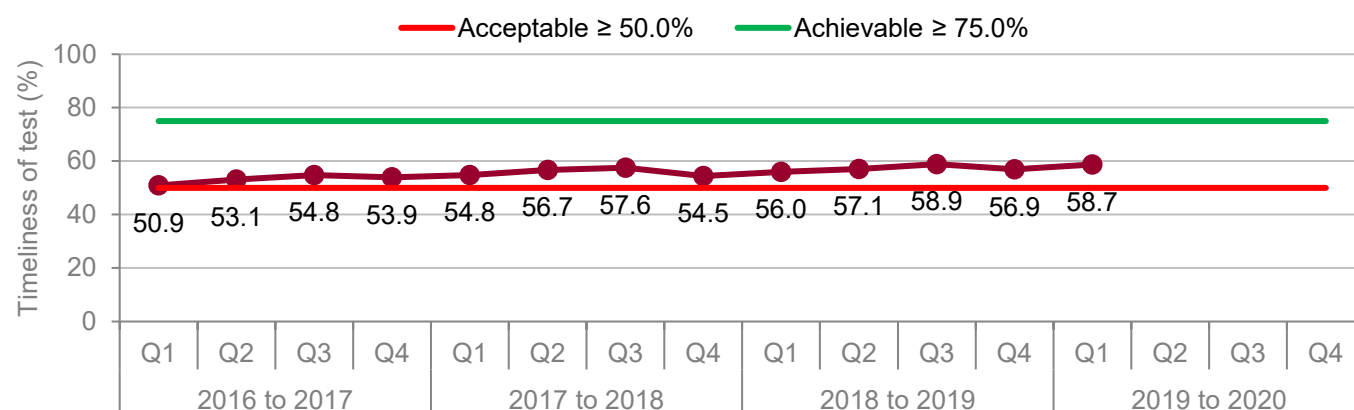|	2016 to 2017				2017 to 2018				2018 to 2019				2019 to 2020		
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
50.9	53.1	54.8	53.9	54.8	56.7	57.6	54.5	56.0	57.1	58.9	56.9	58.7			

KPI ST2

Reporting period: **Q1 2019 to 2020**
England
- numerator = **95,775**
- denominator = **163,146**
- performance = **58.7%**
Completeness of data: **97.2%**

Quarter 1 performance

England	London	Midlands and East	North	South
58.7	52.7	60.1	61.2	59.2
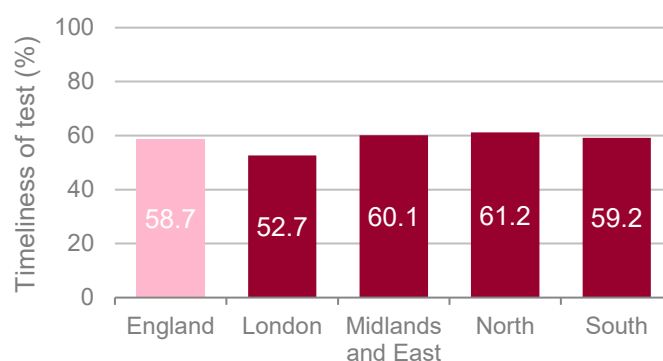
KPI ST2 description

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

Reported by: Maternity service

KPI ST3: test: completion of family origin questionnaire (FOQ)

National performance of ST3 in Q1 reached its highest ever level at 97.9%

124 out of 144 screening providers met the acceptable threshold of 95% (4 providers did not submit)

58 out of 144 screening providers reached the achievable threshold of 99%

National trend data

Acceptable ≥ 95.0%   Achievable ≥ 99.0%

| | 97.0 | 97.1 | 97.4 | 97.6 | 97.8 | 97.5 | 97.5 | 97.6 | 97.7 | 97.4 | 97.8 | 97.8 | 97.9 | | | |

Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
2016 to 2017				2017 to 2018				2018 to 2019				2019 to 2020			

Completion of FOQ (%)

KPI ST3

Reporting period: **Q1 2019 to 2020**
England
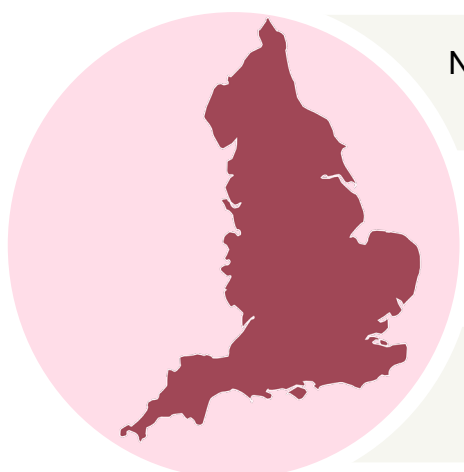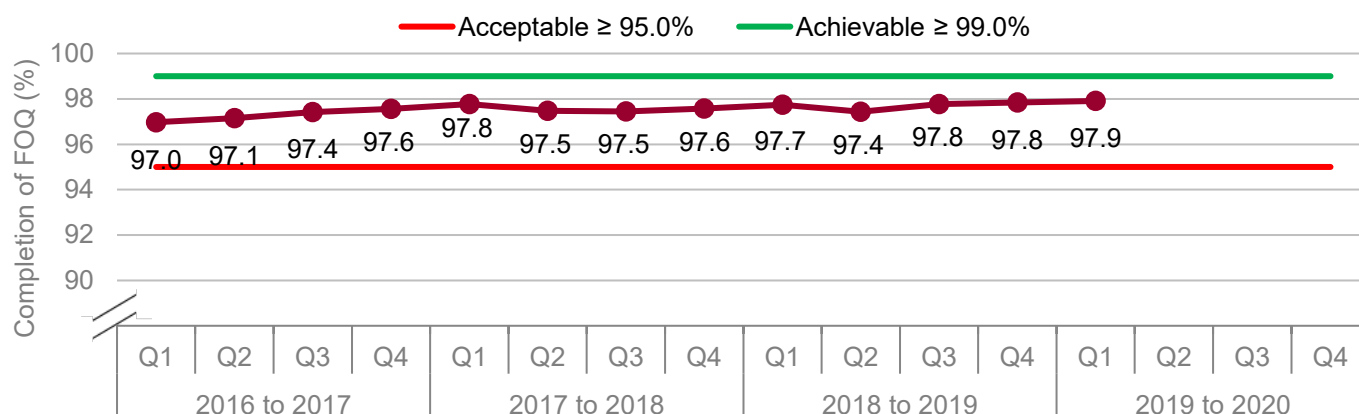- numerator = **159,260**
- denominator = **162,662**
- performance = **97.9%**
Completeness of data: **97.2%**

Quarter 1 performance

England	London	Midlands and East	North	South
97.9	98.9	97.7	97.4	97.9

Completion of FOQ (%)
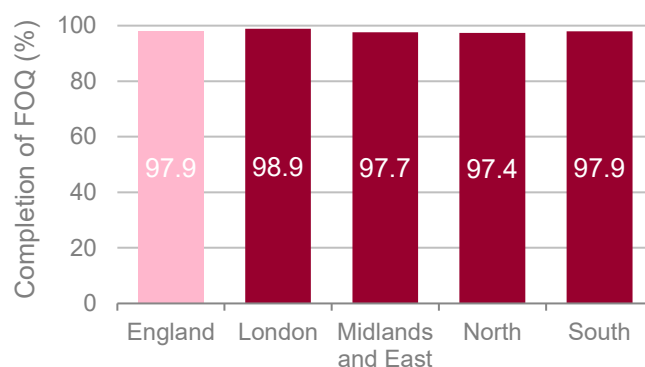
KPI ST3 description

The proportion of antenatal SCT samples submitted to the laboratory accompanied by a completed family origin questionnaire

Reported by: Maternity service

KPI ST4a: referral: timely offer of prenatal diagnosis (PND) to women at risk of having an infant with sickle cell disease or thalassaemia

This KPI was introduced in 2018 to 2019. We have identified quality issues with the submitted data. Therefore we recommend that regional performance is not compared. PHE Screening share provider level data with NHS England and are reviewing this KPI with the aim of improving data quality.

National trend data

KPI ST4a

Reporting period: **Q1 2019 to 2020**
England
- numerator = **191**
- denominator = **466**
- performance = **41.0%**
Completeness of data: **98.6%**

Quarter 1 performance

England	41.0
London	27.2
Midlands and East	51.5
North	48.8
South	61.5
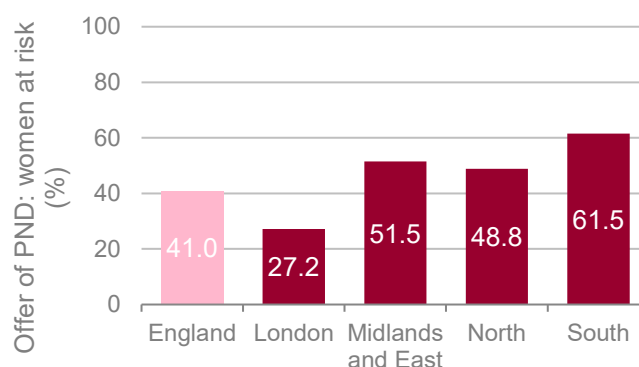
KPI ST4a description

Proportion of women at increased risk of having a baby with sickle cell disease or thalassaemia offered PND ≤12 weeks +0 days gestation

Reported by: Maternity service

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KPI ST4b: referral: timely offer of prenatal diagnosis (PND) to couples at risk of having an infant with sickle cell disease or thalassaemia

This KPI was introduced in 2018 to 2019. We have identified quality issues with the submitted data. Therefore we recommend that regional performance is not compared. PHE Screening share provider level data with NHS England and are reviewing this KPI with the aim of improving data quality.

National trend data

KPI ST4b

Reporting period: **Q1 2019 to 2020**
England
- numerator = **129**
- denominator = **238**
- performance = **54.2%**
Completeness of data: **98.6%**

Quarter 1 performance

England 54.2
London 55.8
Midlands and East 45.9
North 62.2
South 55.6

KPI ST4b description
Proportion of couples at increased risk of having a baby with sickle cell disease or thalassaemia offered PND ≤12 weeks +0 days gestation

Reported by: Maternity service

Newborn blood spot (NBS) screening programme

KPI NB1: coverage of CCG responsibility at birth

National performance of NB1 in Q1 was 97.9%, lower than the previous quarter

183 out of 191 CCGs met the acceptable threshold of 95%

75 out of 191 CCGs reached the achievable threshold of 99%

National trend data

Acceptable ≥ 95.0% Achievable ≥ 99.0%*

	2016 to 2017				2017 to 2018				2018 to 2019				2019 to 2020			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Coverage (%)	96.6	97.1	96.5	95.5	96.1	97.3	96.4	97.0	97.7	97.9	97.6	98.1	97.9			

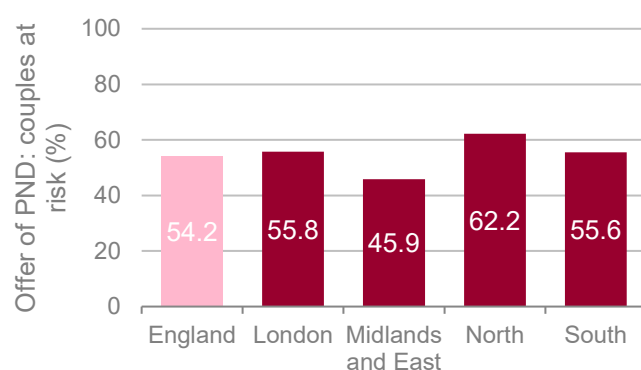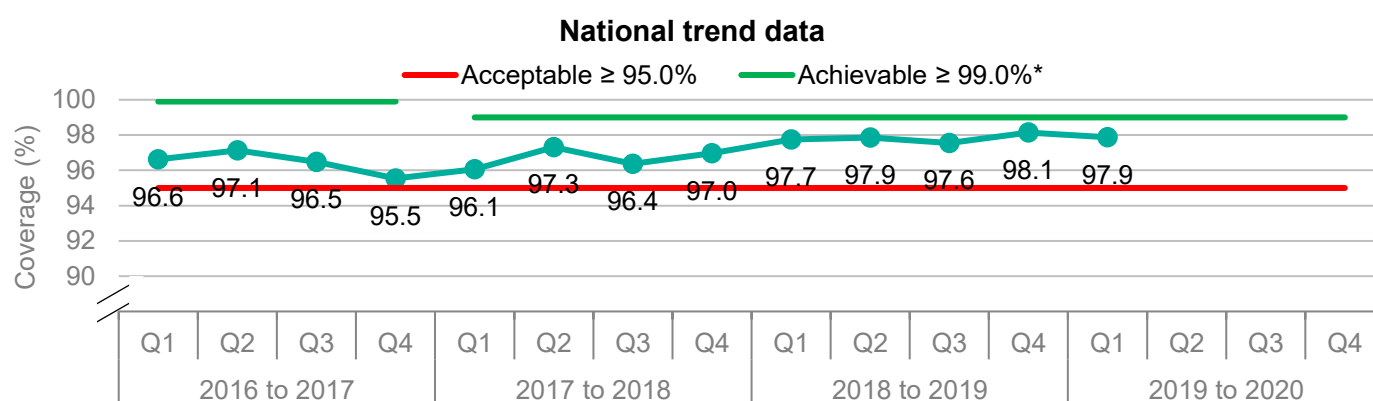*Achieveable threshold changed in 2017 to 2018

KPI NB1

Reporting period: **Q1 2019 to 2020**
England
- numerator = **141,866**
- denominator = **144,955**
- performance = **97.9%**
Completeness of data: **100%**

Quarter 1 performance

	England	London	Midlands and East	North	South
Coverage (%)	97.9	97.1	98.4	97.5	98.2

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

KPI NB2: test: quality of the blood spot sample

National performance of NB2 in Q1 was 2.6%, the highest it has been in the last 2 years. NB2 is a reverse polarity KPI, where a lower performance is better

58 out of 144 screening providers met the acceptable threshold of ≤ 2%

14 out of 144 screening providers met the achievable threshold of ≤ 1%

National trend data

Acceptable ≤ 2.0% Achievable ≤ 1.0%*

Avoidable repeat tests (%)

	2016 to 2017				2017 to 2018				2018 to 2019				2019 to 2020			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	3.1	2.8	2.9	2.9	2.6	2.4	2.4	2.4	2.3	2.1	2.1	2.2	2.6			

*Achievable threshold changed in 2017 to 2018

KPI NB2

Reporting period: **Q1 2019 to 2020**
England
- numerator = **3,996**
- denominator = **153,405**
- performance = **2.6%**
Completeness of data: **100%**

Quarter 1 performance

Aoivdable repeat tests (%)

England	London	Midlands and East	North	South
2.6	2.4	2.3	3.4	2.3

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

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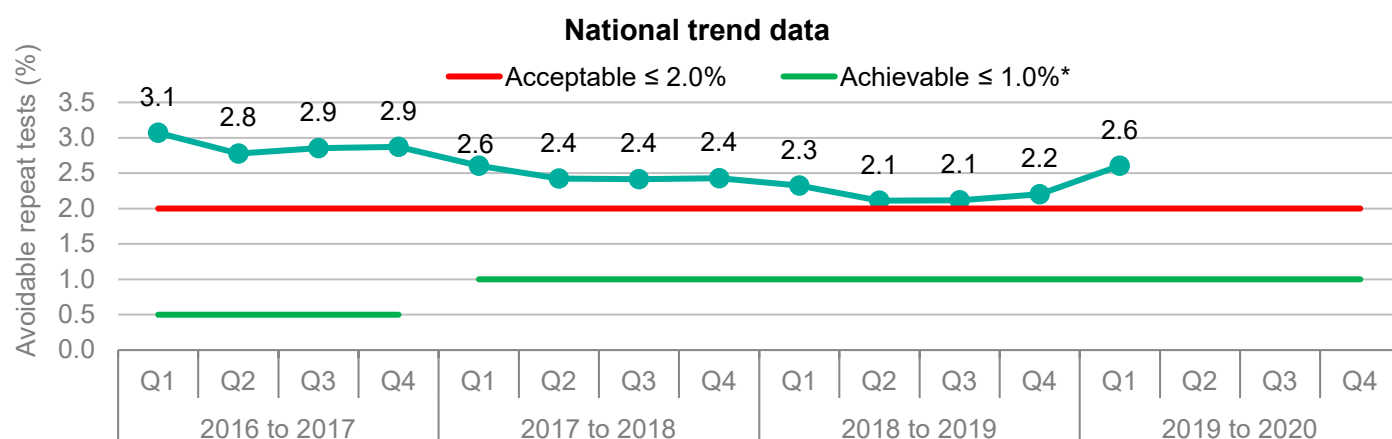## KPI NB4: coverage of movers in

National performance of NB4 in Q1 was 87.6%, slightly lower than the previous 2 quarters

53 out of 191 CCGs met the acceptable threshold of 95%

31 out of 191 CCGs met the achievable threshold of 99%

National trend data

Acceptable ≥ 95.0%   Achievable ≥ 99.0%*

Coverage (movers in) (%)

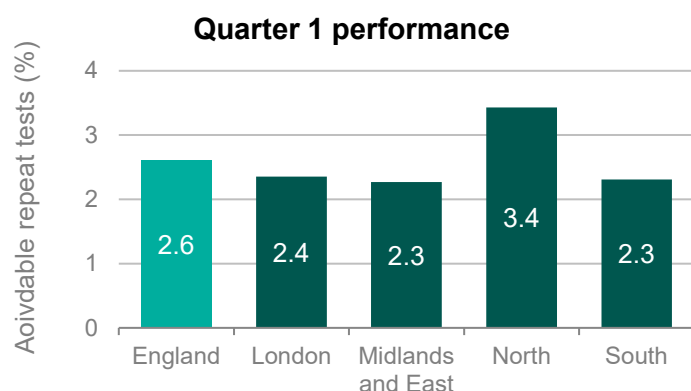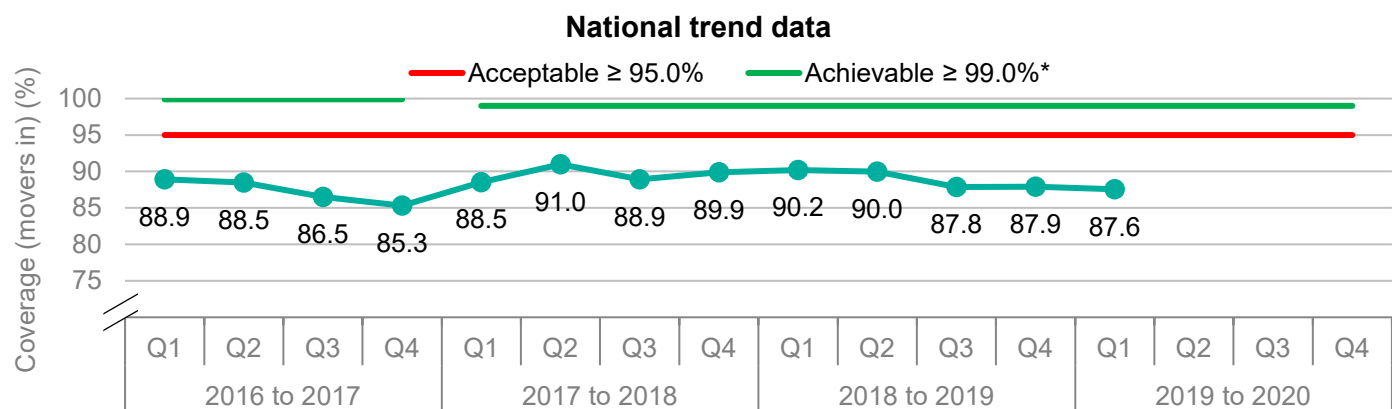|	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	88.9	88.5	86.5	85.3	88.5	91.0	88.9	89.9	90.2	90.0	87.8	87.9	87.6			
	2016 to 2017				2017 to 2018				2018 to 2019				2019 to 2020			

*Achievable threshold changed in 2017 to 2018

KPI NB4

Reporting period: **Q4 2018 to 2019**
England
- numerator = **13,482**
- denominator = **15,396**
- performance = **87.6%**
Completeness of data: **100%**

Quarter 1 performance

Coverage (movers in) (%)

England	London	Midlands and East	North	South
87.6	84.0	90.1	90.5	85.4

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 increased slightly in Q1 to 99.0%, the highest ever recorded level for this KPI

102 out of 109 screening providers met the acceptable threshold of 98%

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

National trend data

Acceptable ≥ 98.0%*   Achievable ≥ 99.5%

Year				
Q1	Q2	Q3	Q4	

98.5 98.3 98.2 98.7 98.6 98.5 98.4 98.6 98.9 98.8 98.7 98.9 99.0

Coverage (%)
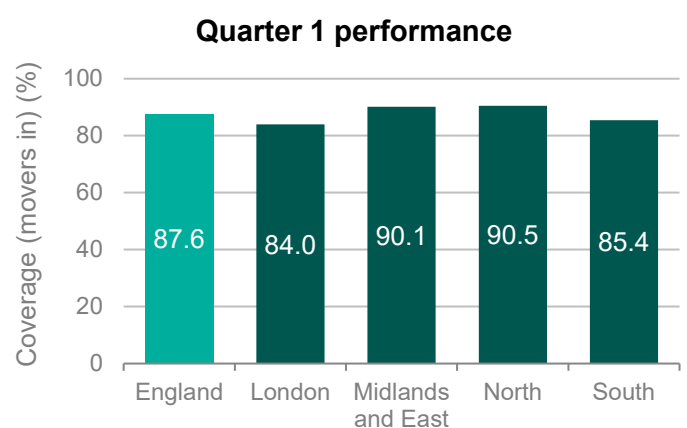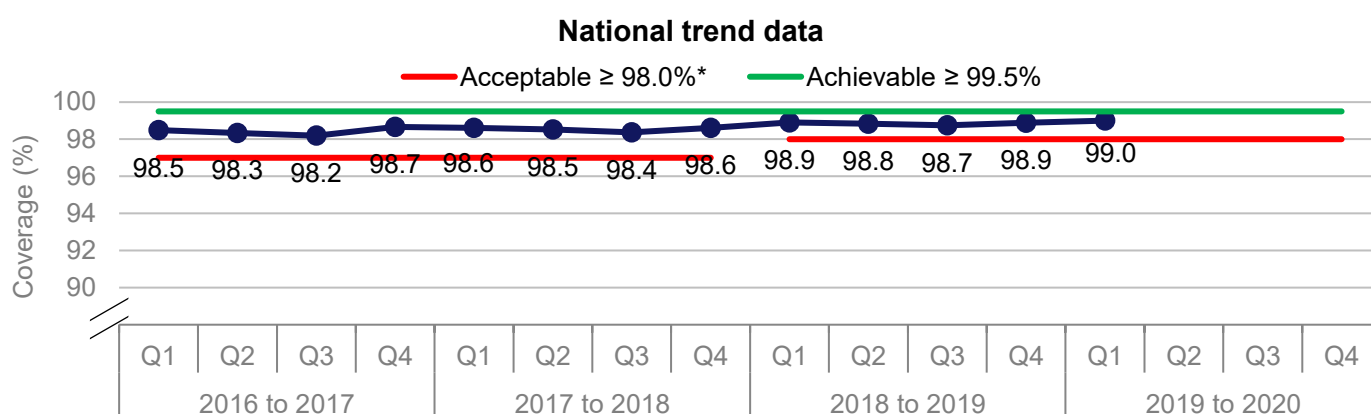
2016 to 2017   2017 to 2018   2018 to 2019   2019 to 2020

*Threshold changed in 2018 to 2019

KPI NH1

Reporting period: **Q1 2019 to 2020**
England
- numerator = **149,827**
- denominator = **151,338**
- performance = **99.0%**
Completeness of data: **100%**

Quarter 1 performance

England	London	Midlands and East	North	South
99.0	98.9	99.1	98.7	99.3

Coverage (%)
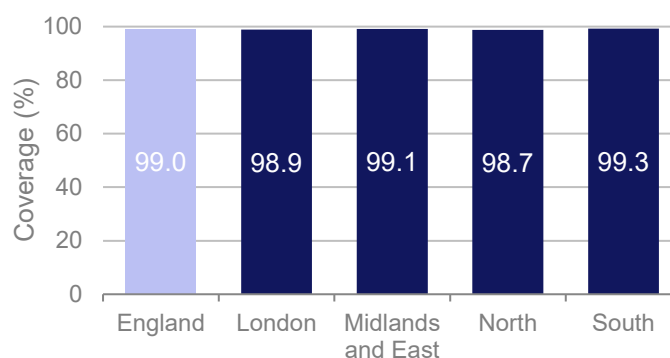
KPI NH1 description
The proportion of babies eligible for newborn hearing screening for whom the screening process is complete by 4 weeks corrected age (hospital programmes: well babies, NICU babies) or by 5 weeks corrected age (community programmes: well babies)
Reported by: Local NHSP site

KPI NH2: diagnosis/intervention – time from screening outcome to attendance at an audiological assessment appointment

National performance of NH2 in Q1 was 90.8%, an increase compared with the previous quarter

68 out of 109 screening providers met the acceptable threshold of 90%, 44 providers met the achievable threshold of 95%

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

National trend data

Acceptable ≥ 90.0% Achievable ≥ 95.0%*

Time to assessment (%)

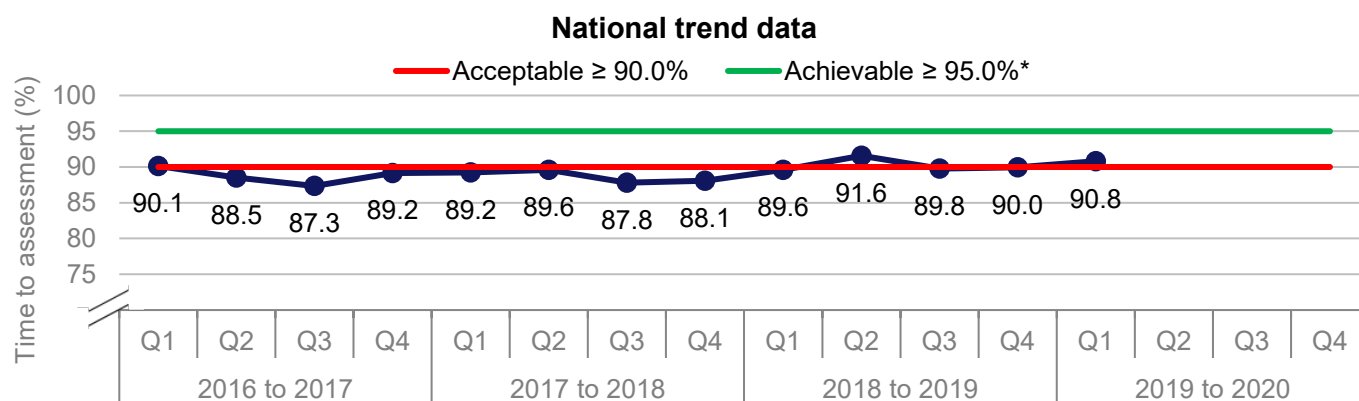|	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	90.1	88.5	87.3	89.2	89.2	89.6	87.8	88.1	89.6	91.6	89.8	90.0	90.8			
	2016 to 2017				2017 to 2018				2018 to 2019				2019 to 2020			

KPI NH2

Reporting period: **Q1 2019 to 2020**
England
- numerator = **3,011**
- denominator = **3,316**
- performance = **90.8%**
Completeness of data: **100%**

Quarter 1 performance

Time to assessment (%)

England	London	Midlands and East	North	South
90.8	92.3	91.5	90.1	89.0

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

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

National trend data

— Acceptable ≥ 95.0%   — Achievable ≥ 99.5%

Coverage (newborn) (%)

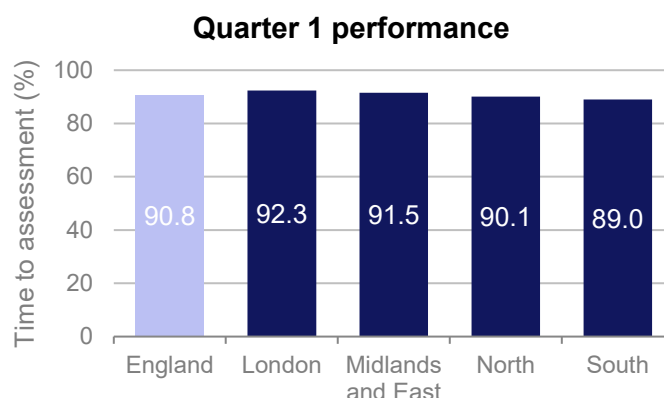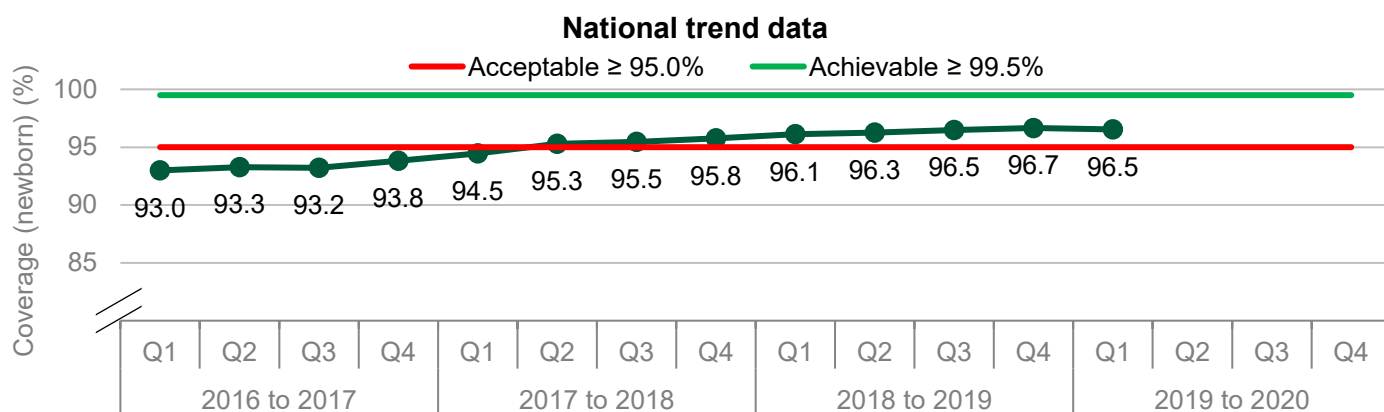|	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	93.0	93.3	93.2	93.8	94.5	95.3	95.5	95.8	96.1	96.3	96.5	96.7	96.5			
	2016 to 2017				2017 to 2018				2018 to 2019				2019 to 2020			

KPI NP1

Reporting period: **Q1 2019 to 2020**
England
- numerator = **144,554**
- denominator = **149,749**
- performance = **96.5%**
Completeness of data: **99.3%**

Quarter 1 performance

Coverage (newborn) (%)

England	London	Midlands and East	North	South
96.5	95.6	96.3	96.8	97.2

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

KPI NP2: diagnosis/intervention: timeliness of intervention for developmental dysplasia of the hip (DDH)

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

National trend data

Acceptable ≥ 95.0%   Achievable = 100%

Timely assessment of DDH (%)

Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
15.0	43.6	50.4	56.4	35.8	54.2	63.4	64.1	57.6	65.7	66.7	67.0	72.8			
2016 to 2017				2017 to 2018				2018 to 2019				2019 to 2020			

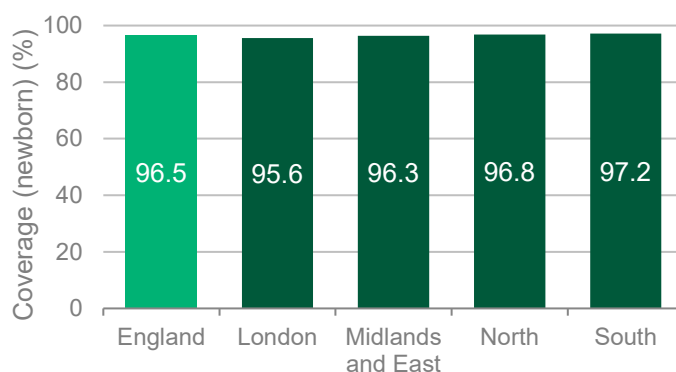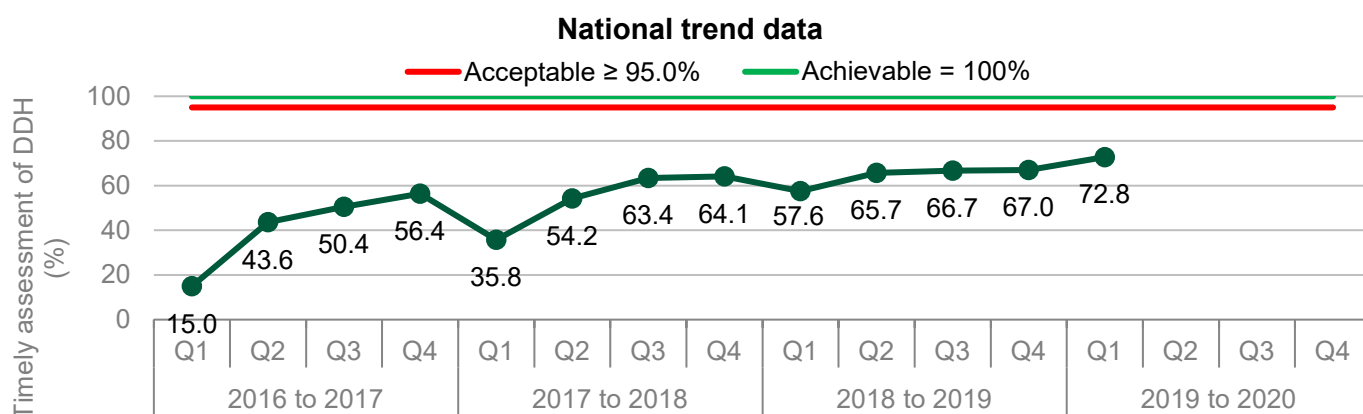## KPI NP2

Reporting period: **Q1 2019 to 2020**
England
- numerator = **353**
- denominator = **485**
- performance = **72.8%**
Completeness of data: **99.3%**

Quarter 1 performance

Timely assessment of DDH (%)

England	London	Midlands and East	North	South
72.8	70.6	83.2	65.7	70.8

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

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Diabetic eye screening (DES) programme

KPI DE1: uptake: routine digital screening

National performance of DE1 in Q1 was 82.2%, slightly lower than previous quarters

Quarterly DE1 data for Health Intelligence providers has been republished back to Q1 2017 to 2018. This has had a small effect on national performance over this time.

55 out of 58 screening providers reached the acceptable threshold of 75%, and 18 providers reached the achievable threshold of 85%

National trend data

— Acceptable ≥ 75.0%*   — Achievable ≥ 85.0%*

Uptake of RDS (%)

82.5	82.2	82.1	82.2	82.7	82.5	82.3	82.0	82.3	82.3	82.4	82.6	82.2

Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
2016 to 2017				2017 to 2018				2018 to 2019				2019 to 2020			

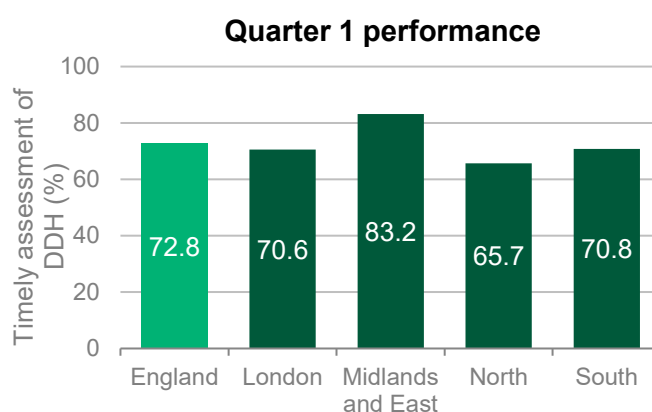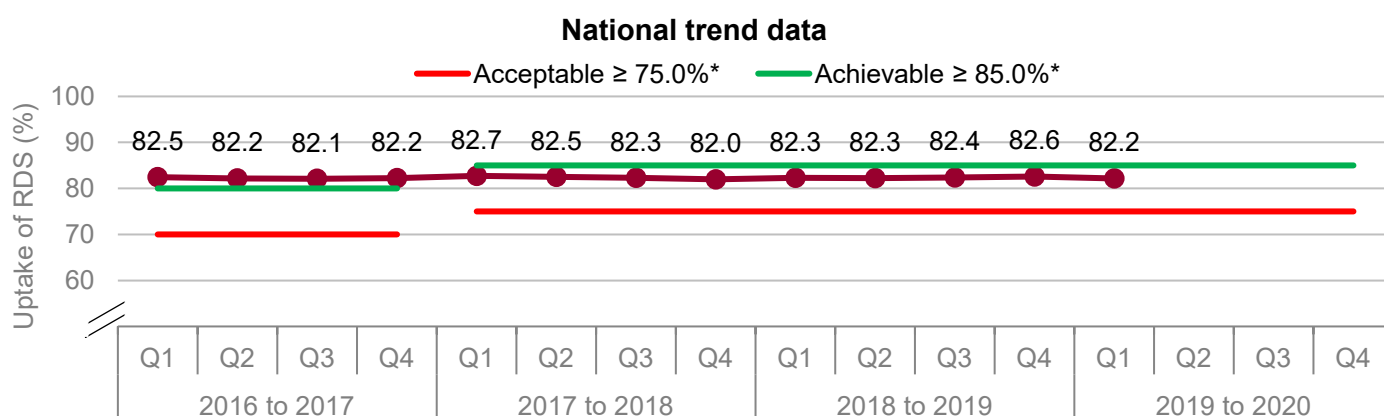*Thresholds changed in 2017 to 2018

KPI DE1

Reporting period: **Q1 2019 to 2020**
England
- numerator = **2,321,872**
- denominator = **2,825,098**
- performance = **82.2%**
Completeness of data: **100%**

Quarter 1 performance

Uptake of RDS (%)

England	London	Midlands and East	North	South
82.2	83.1	82.5	80.9	82.8

KPI DE1 description
Proportion of those offered RDS who attend a routine digital screening event where images are captured

Reported by: DES provider

KPI DE2: test: timeliness of results letters

National performance of DE2 in Q1 was 98.8%, slightly lower than the previous quarter

All 58 screening providers met the acceptable threshold of 70%

54 out of 58 screening providers reached the achievable threshold of 95%

National trend data

Acceptable ≥ 70.0%   Achievable ≥ 95.0%

Results within 3 weeks (%)

| | 97.3 | 98.3 | 95.7 | 94.6 | 91.8 | 93.9 | 96.4 | 95.2 | 94.5 | 94.8 | 98.2 | 99.1 | 98.8 | | | |

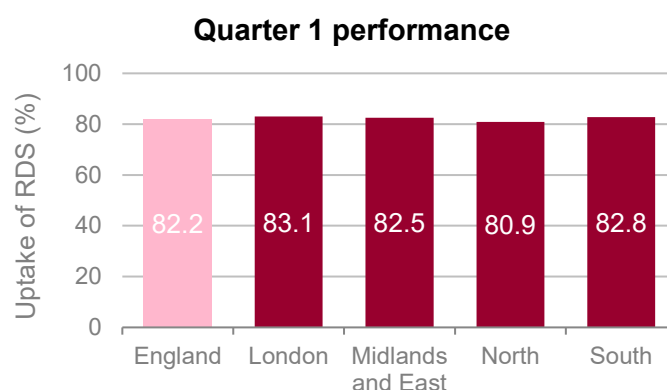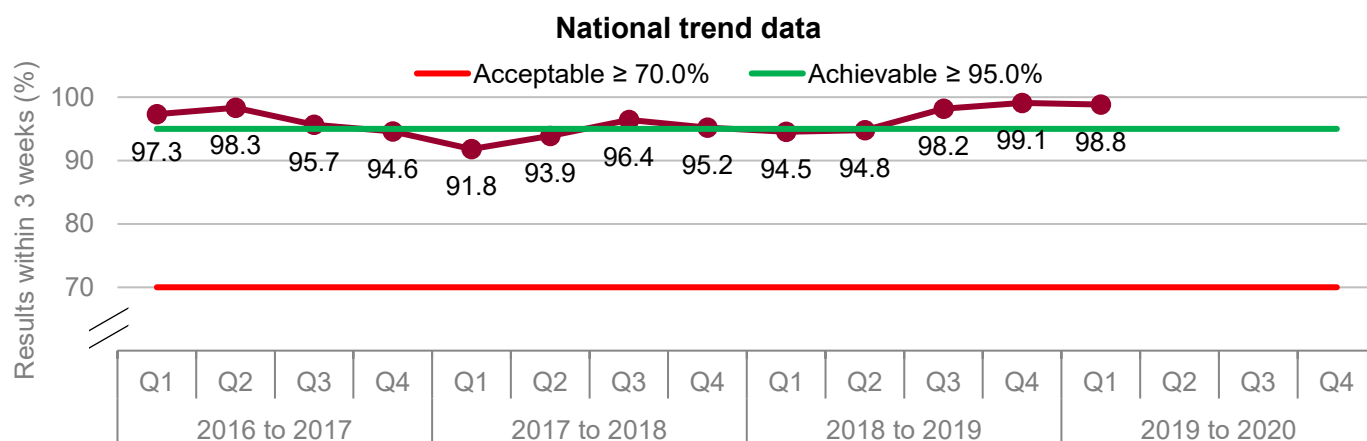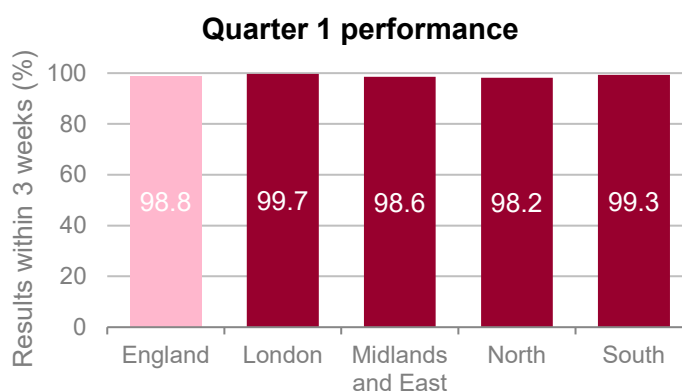| Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
2016 to 2017				2017 to 2018				2018 to 2019				2019 to 2020			

KPI DE2

Reporting period: **Q1 2019 to 2020**
England
- numerator = **641,219**
- denominator = **648,772**
- performance = **98.8%**
Completeness of data: **100%**

Quarter 1 performance

Results within 3 weeks (%)

England	London	Midlands and East	North	South
98.8	99.7	98.6	98.2	99.3

KPI DE2 description

The proportion of eligible people with diabetes attending for diabetic eye screening, digital surveillance or SLB surveillance to whom results were issued ≤3 weeks after the screening event
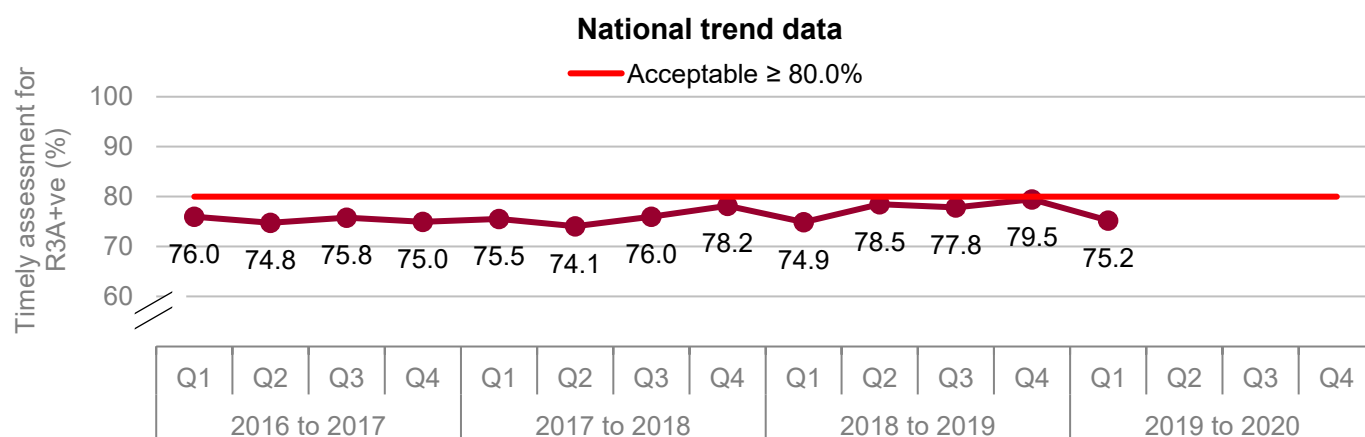
Reported by: DES provider

29

KPI DE3: intervention/treatment: timely consultation for people with diabetes who are screen positive

National performance of DE3 in Q1 was 75.2%, lower than the previous 3 quarters

26 out of 58 screening providers met the acceptable threshold of 80%

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

National trend data

Acceptable ≥ 80.0%

Timely assessment for R3A+ve (%)

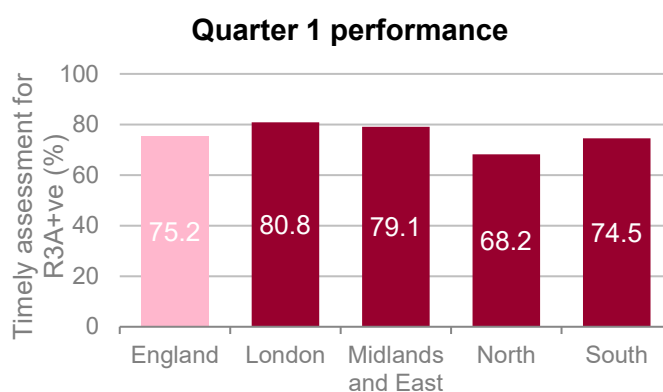|	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	76.0	74.8	75.8	75.0	75.5	74.1	76.0	78.2	74.9	78.5	77.8	79.5	75.2			
	2016 to 2017				2017 to 2018				2018 to 2019				2019 to 2020			

KPI DE3

Reporting period: **Q1 2019 to 2020**
England
- numerator = **1,637**
- denominator = **2,177**
- performance = **75.2%**
Completeness of data: **100%**

Quarter 1 performance

Timely assessment for R3A+ve (%)

England	London	Midlands and East	North	South
75.2	80.8	79.1	68.2	74.5

KPI DE3 description

Time between screening event and first attended consultation at HES or digital Surveillance

Reported by: DES provider

30

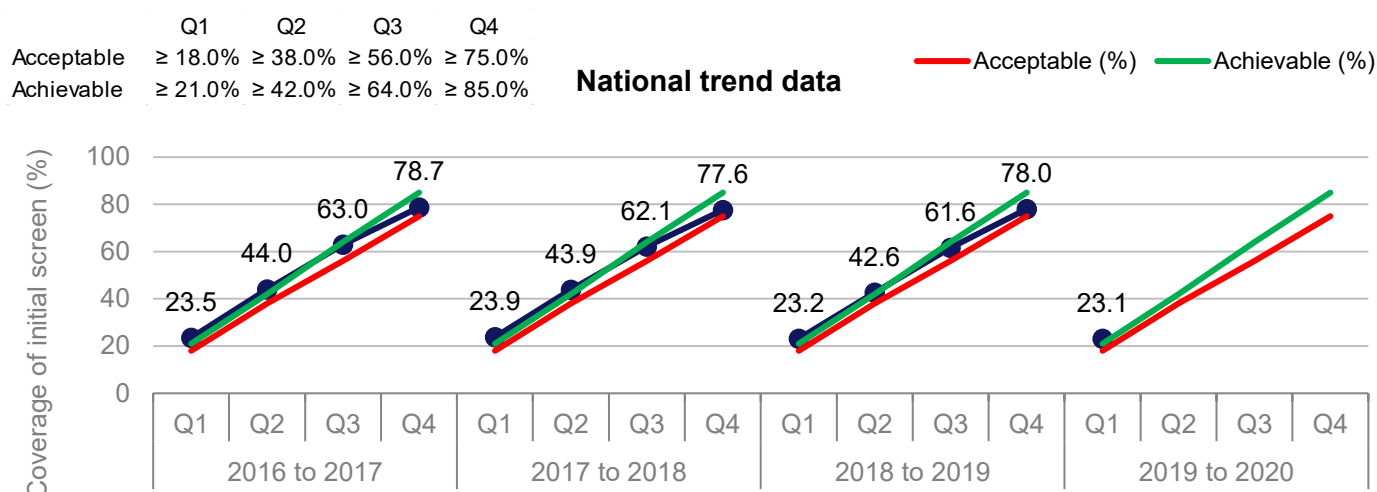# Abdominal aortic aneurysm (AAA) screening programme

KPI AA2: coverage – 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 Q1 was above the achievable threshold at 23.1%. 30 out of 39 screening providers met the acceptable threshold of 18%

	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: **Q1 2019 to 2020**
England
- numerator = **67,833**
- denominator = **294,010**
- performance = **23.1%**
Completeness of data: **100%**

Quarter 1 performance

England	London	Midlands and East	North	South
23.1	9.9	21.8	20.4	32.8

KPI AA2 description

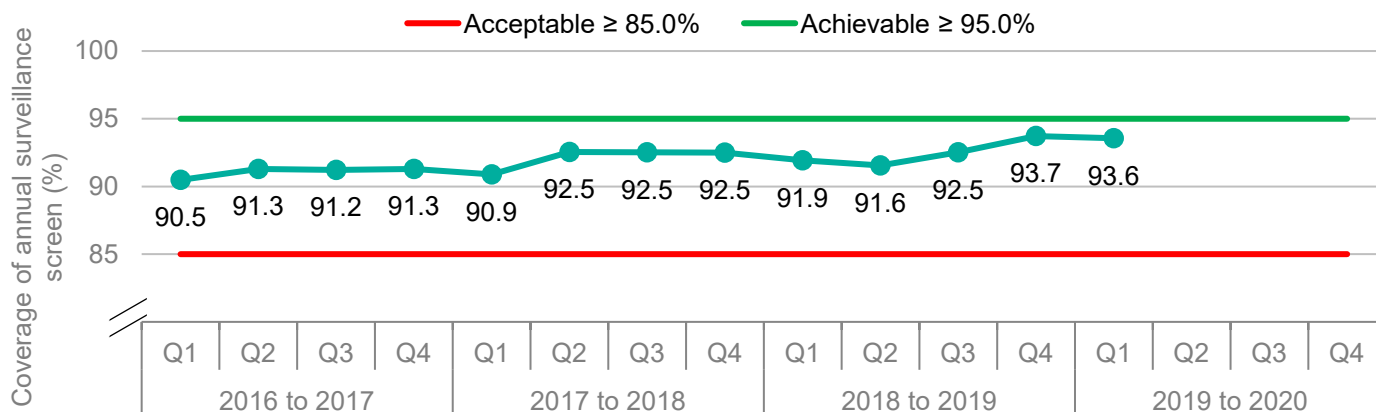Proportion of eligible men who are tested

Reported by: AAA screening provider

KPI AA3: coverage – annual surveillance screen

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

National performance of AA3 in Q1 was 93.6%, slightly lower than the previous quarter, but still among the highest levels recorded for this KPI
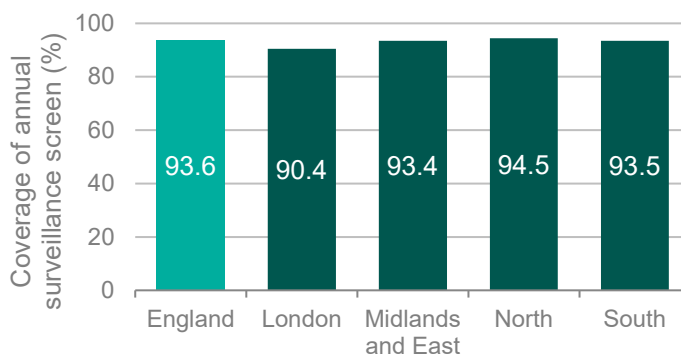
36 out of 39 providers met the acceptable threshold of 85% and 19 providers met the achievable threshold of 95%

National trend data

Acceptable ≥ 85.0%   Achievable ≥ 95.0%

Coverage of annual surveillance screen (%)

Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
90.5	91.3	91.2	91.3	90.9	92.5	92.5	92.5	91.9	91.6	92.5	93.7	93.6			
2016 to 2017				2017 to 2018				2018 to 2019				2019 to 2020			

KPI AA3

Reporting period: **Q1 2019 to 2020**
England
- numerator = **2,961**
- denominator = **3,165**
- performance = **93.6%**
Completeness of data: **100%**

Quarter 1 performance

Coverage of annual surveillance screen (%)

England	London	Midlands and East	North	South
93.6	90.4	93.4	94.5	93.5

KPI AA3 description

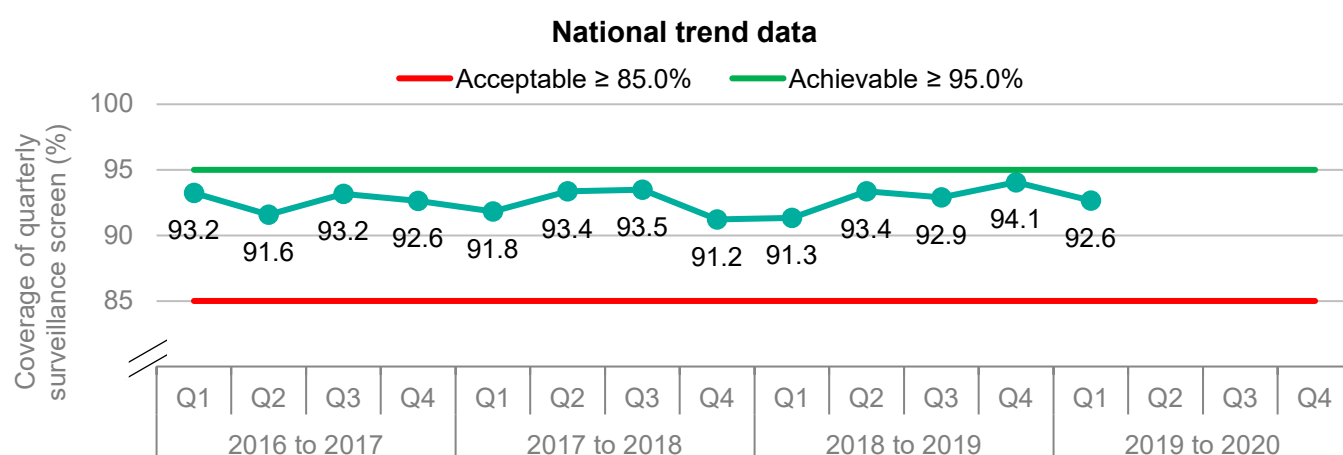Proportion of eligible men who are tested

Reported by: AAA screening provider

KPI AA4: coverage – quarterly surveillance screen

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

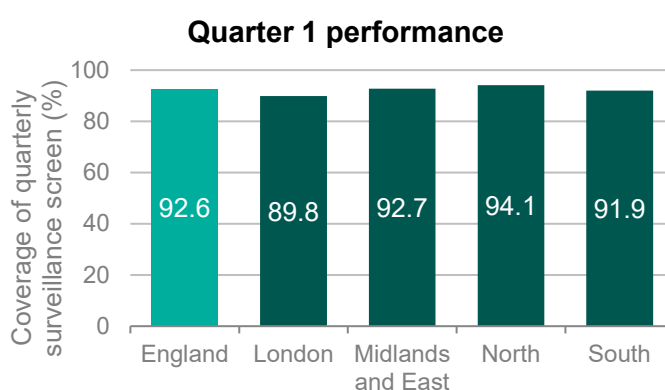National performance of AA4 in Q1 was 92.6%, lower than the previous 3 quarters

34 providers met the acceptable threshold of 85% and 17 providers met the achievable threshold of 95%

National trend data

Acceptable ≥ 85.0%   Achievable ≥ 95.0%

Coverage of quarterly surveillance screen (%)

93.2 91.6 93.2 92.6 91.8 93.4 93.5 91.2 91.3 93.4 92.9 94.1 92.6

Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
2016 to 2017				2017 to 2018				2018 to 2019				2019 to 2020			

KPI AA4

Reporting period: **Q1 2019 to 2020**
England
- numerator = **2,407**
- denominator = **2,598**
- performance = **92.6%**
Completeness of data: **100%**

Quarter 1 performance

Coverage of quarterly surveillance screen (%)

England	London	Midlands and East	North	South
92.6	89.8	92.7	94.1	91.9

KPI AA4 description

Proportion of eligible men who are tested

Reported by: AAA screening provider
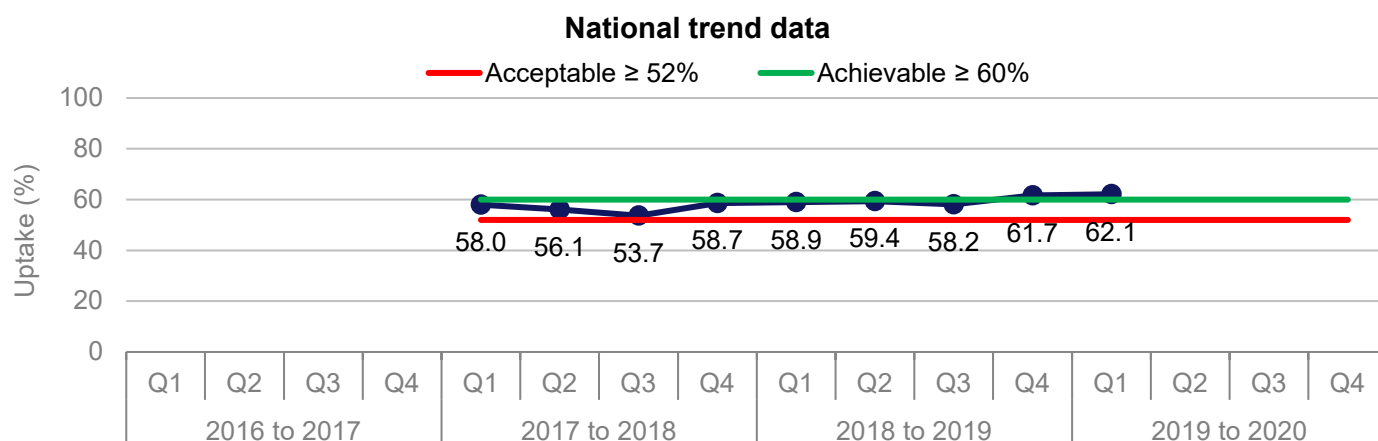
Bowel cancer screening programme (BCSP)

KPI BCS1: uptake

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

National performance of BCS1 in Q4 was 62.1%, the highest level of this KPI since quarterly publication began, and above the achievable threshold of 60%

59 out of 64 screening providers met the acceptable threshold of 52%, 48 providers met the achievable threshold of 60%

National trend data

Acceptable ≥ 52%   Achievable ≥ 60%

58.0 56.1 53.7 58.7 58.9 59.4 58.2 61.7 62.1

Uptake (%)

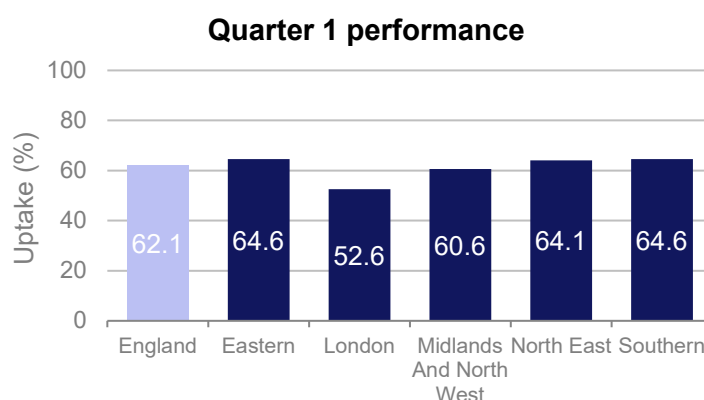| Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
2016 to 2017				2017 to 2018				2018 to 2019				2019 to 2020			

KPI BCS1

Reporting period: **Q1 2019 to 2020**
England
- numerator = **678,126**
- denominator = **1,091,928**
- performance = **62.1%**
Completeness of data: **100%**

Quarter 1 performance

Uptake (%)

England	Eastern	London	Midlands And North West	North East	Southern
62.1	64.6	52.6	60.6	64.1	64.6

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)
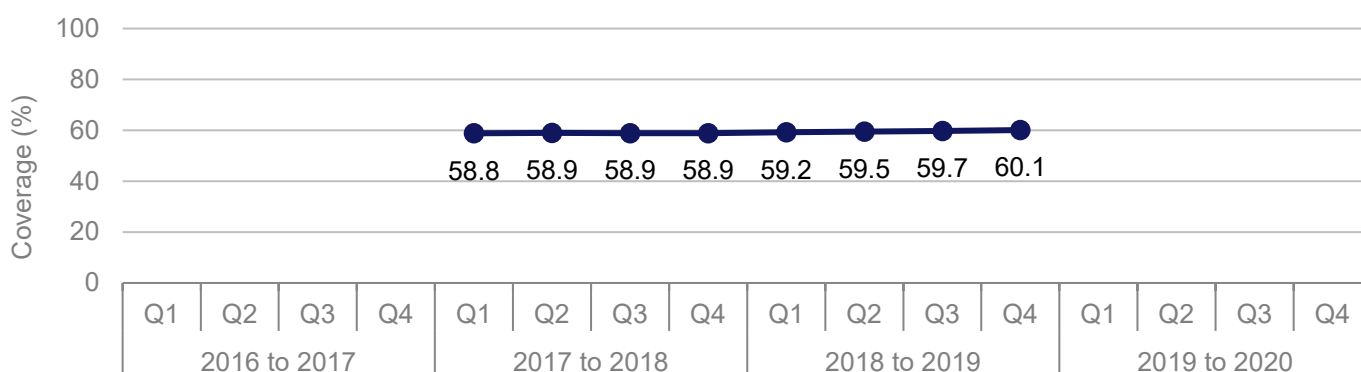
KPI BCS2: coverage

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

National performance of BCS2 at Q4 was 60.1%, the highest recorded level of this KPI published so far. There are no thresholds set for this KPI.

Coverage ranged from 51.5% in London to 62.5% in the South

National trend data

Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	2016 to 2017				2017 to 2018				2018 to 2019				2019 to 2020		

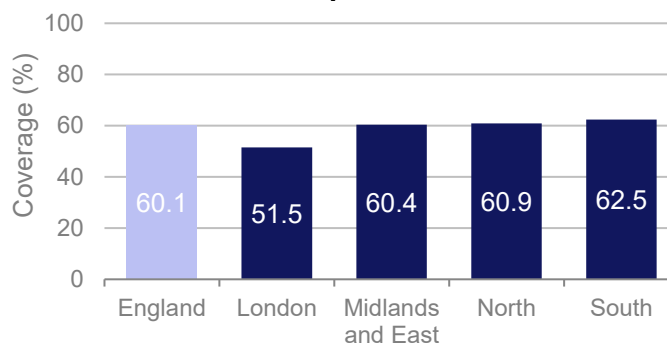Trend values: 58.8, 58.9, 58.9, 58.9, 59.2, 59.5, 59.7, 60.1

KPI BCS2

Reporting period: **Q4 2018 to 2019**
England
- numerator = **4,916,600**
- denominator = **8,181,603**
- performance = **60.1%**
Completeness of data: **100%**

Quarter 4 performance

England	London	Midlands and East	North	South
60.1	51.5	60.4	60.9	62.5

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
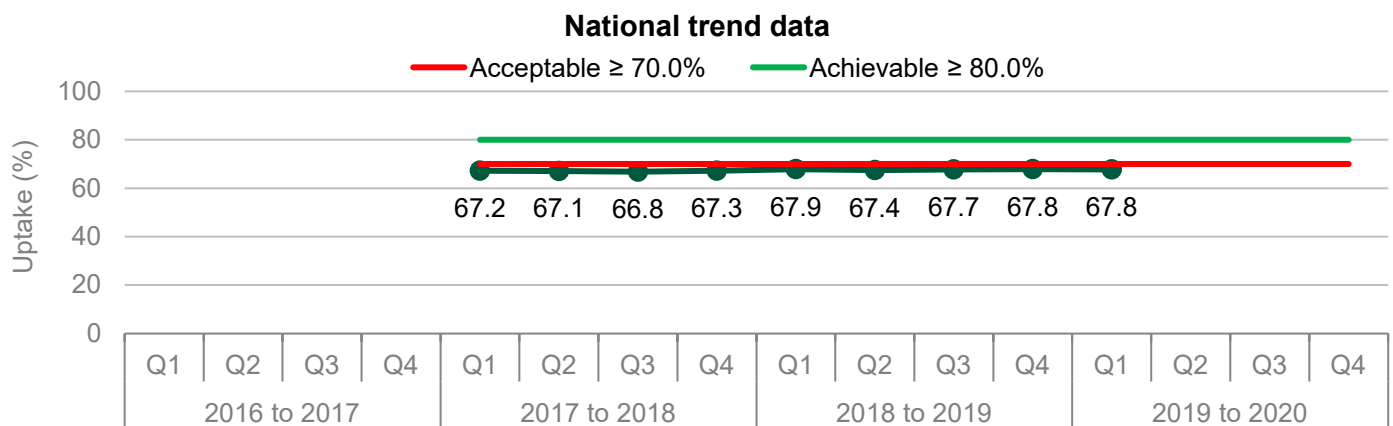
35

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 Q1 was 67.8%, the same as the previous quarter, but still below the acceptable threshold of 70%

42 out of 78 screening providers reached the acceptable threshold; no providers met the achievable threshold of 80%

National trend data

Acceptable ≥ 70.0%   Achievable ≥ 80.0%

67.2 67.1 66.8 67.3 67.9 67.4 67.7 67.8 67.8

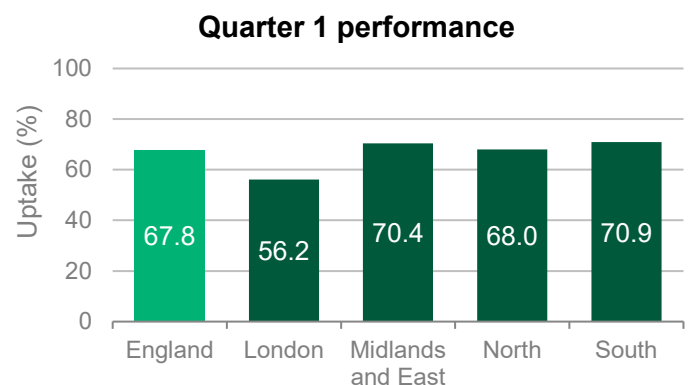| Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
2016 to 2017				2017 to 2018				2018 to 2019				2019 to 2020			

KPI BS1

Reporting period: **Q1 2019 to 2020**
England
- numerator = **447,475**
- denominator = **660,477**
- performance = **67.8%**
Completeness of data: **100%**

Quarter 1 performance

England	London	Midlands and East	North	South
67.8	56.2	70.4	68.0	70.9

KPI BS1 description
The proportion of eligible women invited who attend for screening
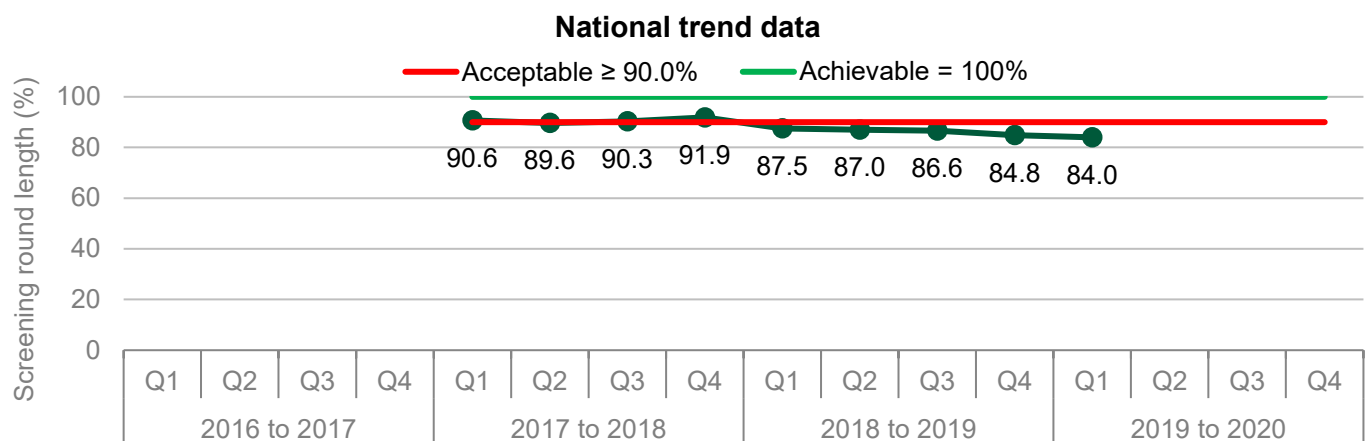
Reported by: Local screening service

KPI BS2: uptake: screening round length

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

National performance of BS2 in Q1 was 84.0%, the lowest level of this KPI since quarterly publication began
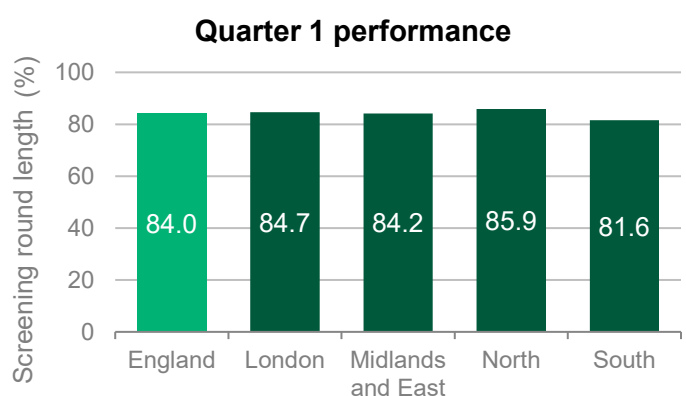
54 out of 78 screening providers reached the acceptable threshold; no providers met the achievable threshold

National trend data

— Acceptable ≥ 90.0%   — Achievable = 100%

Trend values: 90.6, 89.6, 90.3, 91.9, 87.5, 87.0, 86.6, 84.8, 84.0

Quarters: Q1 Q2 Q3 Q4 (2016 to 2017), Q1 Q2 Q3 Q4 (2017 to 2018), Q1 Q2 Q3 Q4 (2018 to 2019), Q1 Q2 Q3 Q4 (2019 to 2020)

Y-axis: Screening round length (%)

KPI BS2

Reporting period: **Q1 2019 to 2020** England
- numerator = **420,550**
- denominator = **500,633**
- performance = **84.0%**

Completeness of data: **100%**

Quarter 1 performance

England	London	Midlands and East	North	South
84.0	84.7	84.2	85.9	81.6

Y-axis: Screening round length (%)

KPI BS2 description

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

Reported by: Local screening service
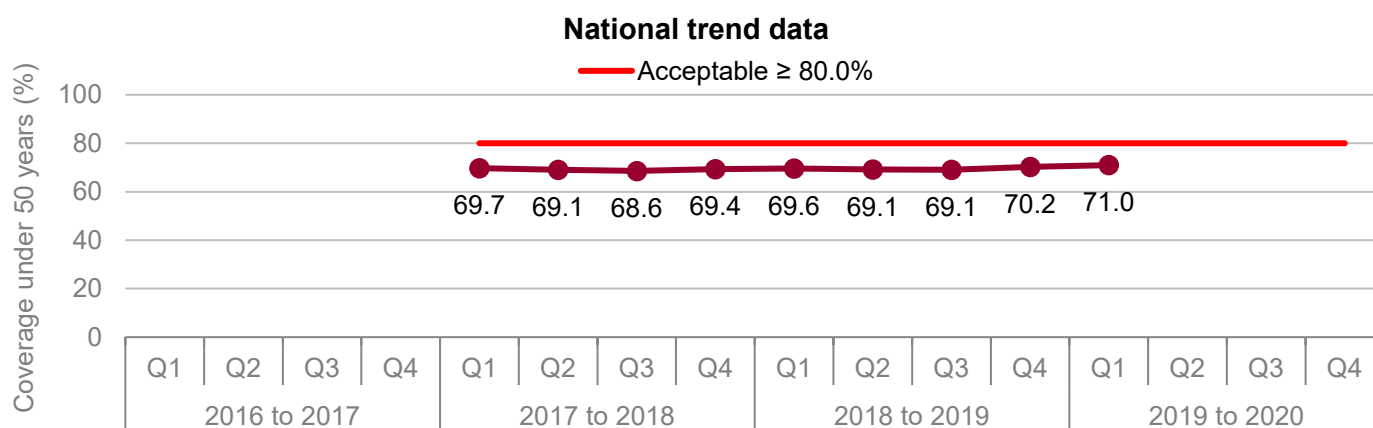
Cervical screening programme (CSP)

KPI CS1: Coverage under 50 years

2017 to 2018 was the first year of data publication for CS1

National performance of CS1 in Q1 was 71.0%, the highest level of this KPI since quarterly publication began

Six out of 191 CCGs met the acceptable threshold of 80%

National trend data

Acceptable ≥ 80.0%

69.7 69.1 68.6 69.4 69.6 69.1 69.1 70.2 71.0

Q1 Q2 Q3 Q4 | Q1 Q2 Q3 Q4 | Q1 Q2 Q3 Q4 | Q1 Q2 Q3 Q4
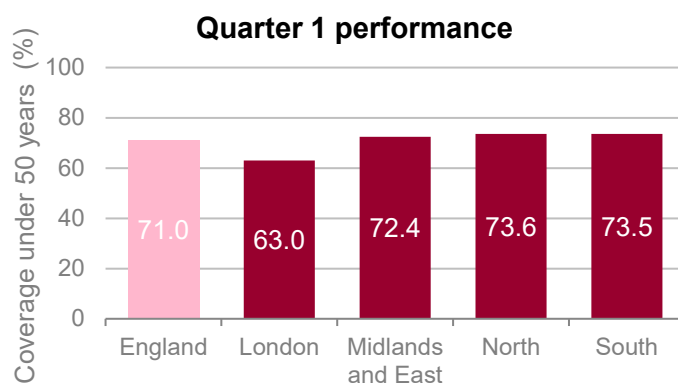2016 to 2017 | 2017 to 2018 | 2018 to 2019 | 2019 to 2020

KPI CS1

Reporting period: **Q1 2019 to 2020**
England
- numerator = **7,198,009**
- denominator = **10,141,027**
- performance = **71.0%**
Completeness of data: **100%**

Quarter 1 performance

England	London	Midlands and East	North	South
71.0	63.0	72.4	73.6	73.5

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
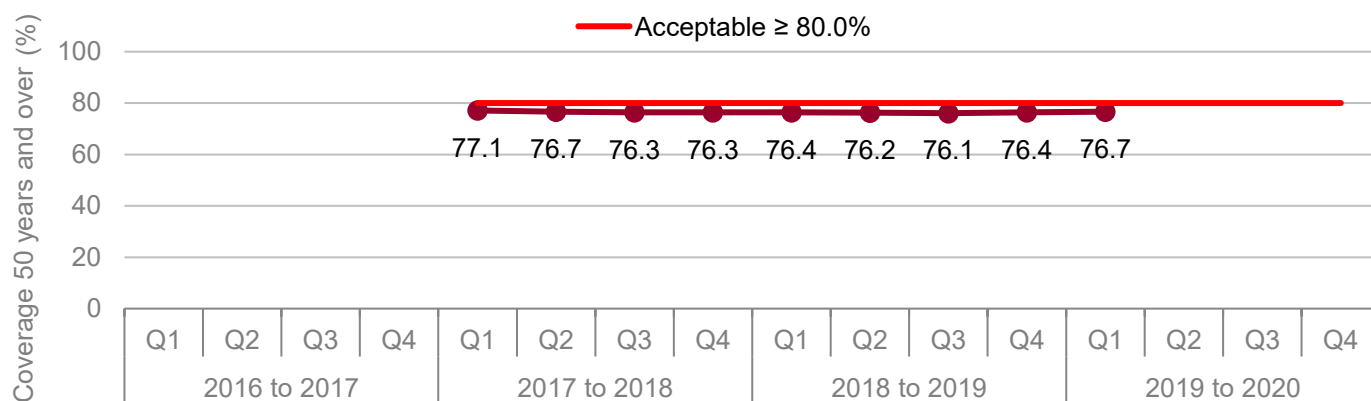
Reported by: CCG

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KPI CS2: Coverage 50 years and above

2017 to 2018 was the first year of data publication for CS2

National performance of CS2 in Q1 was 76.7%, the highest it has been than the previous 6 quarters but still below the acceptable threshold of 80%

8 out of 191 CCGs met the acceptable threshold

National trend data

Acceptable ≥ 80.0%

Coverage 50 years and over (%)

| | 77.1 | 76.7 | 76.3 | 76.3 | 76.4 | 76.2 | 76.1 | 76.4 | 76.7 |

Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
2016 to 2017				2017 to 2018				2018 to 2019				2019 to 2020			

KPI CS2

Reporting period: **Q1 2019 to 2020**
England
- numerator = **3,825,535**
- denominator = **4,987,880**
- performance = **76.7%**
Completeness of data: **100%**

Quarter 1 performance

Coverage 50 years and over (%)

England	London	Midlands and East	North	South
76.7	74.2	77.3	77.0	77.1
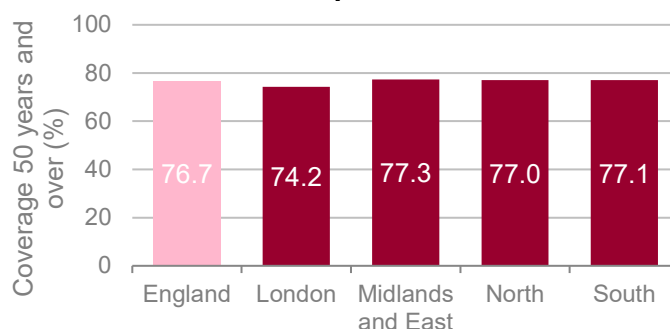
KPI CS2 description

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

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