



Public Health  
England

Protecting and improving the nation's health

# **Screening KPI data summary factsheets**

June 2020 – Issue 11

## 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, research, 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](http://www.gov.uk/phe/screening) Twitter: @PHE\_Screening Blog: [phescreening.blog.gov.uk](https://phescreening.blog.gov.uk)

For queries relating to this document, please contact: [phe.screeninghelpdesk@nhs.net](mailto:phe.screeninghelpdesk@nhs.net)



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Published June 2020

PHE publications

gateway number: GW-1375

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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 Q2 and Q3 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](mailto:phe.screeninghelpdesk@nhs.net).

# Summary dashboard

KPI	Current quarter	% previous quarter	% current quarter	Significant change	Acceptable threshold	Achievable threshold	RAG
ID1	Q3 2019/20	99.7	99.8	↑	95.0	99.0	●
ID2	Q3 2019/20	83.7	91.8	→	70.0	90.0	●
ID3	Q3 2019/20	99.7	99.8	↑	95.0	99.0	●
ID4	Q3 2019/20	99.7	99.8	↑	95.0	99.0	●
FA1	Q3 2019/20	98.1	98.3	↑	97.0	100	●
FA2	Q2 2019/20	99.2	99.2	→	90.0	95.0	●
ST1	Q3 2019/20	99.7	99.7	↑	95.0	99.0	●
ST2	Q3 2019/20	59.3	61.7	↑	50.0	75.0	●
ST3	Q3 2019/20	98.0	97.9	→	95.0	99.0	●
ST4a	Q3 2019/20	48.6	45.1	→			
ST4b	Q3 2019/20	63.9	64.6	→			
NB1	Q3 2019/20	98.0	97.9	→	95.0	99.0	●
NB2 <sup>1</sup>	Q3 2019/20	2.9	2.7	↓	2.0	1.0	●
NB4	Q3 2019/20	87.2	85.1	↓	95.0	99.0	●
NH1	Q3 2019/20	99.0	98.8	↓	98.0	99.5	●
NH2	Q3 2019/20	91.2	89.3	→	90.0	95.0	●
NP1	Q3 2019/20	96.5	96.7	↑	95.0	99.5	●
NP2	Q3 2019/20	73.1	72.1	→	95.0	100	●
DE1	Q3 2019/20	82.2	82.3	↑	75.0	85.0	●
DE2	Q3 2019/20	98.8	97.1	↓	70.0	95.0	●
DE3 <sup>2</sup>	Q3 2019/20	75.2	74.2	→	80.0	-	●
AA2 <sup>3</sup>	Q3 2019/20	42.7	61.3	-	56.0	64.0	●
AA3	Q3 2019/20	92.9	93.4	→	85.0	95.0	●
AA4	Q3 2019/20	93.3	94.2	→	85.0	95.0	●
BCS1	Q3 2019/20	67.5	64.5	↓	52.0	60.0	●
BCS2 <sup>4</sup>	Q2 2019/20	60.3	61.6	↑	-	-	
BS1	Q3 2019/20	67.1	65.8	↓	70.0	80.0	●
BS2	Q3 2019/20	84.0	81.6	↓	90.0	100	●
CS1 <sup>2</sup>	Q3 2019/20	70.8	70.7	↓	80.0	-	●
CS2 <sup>2</sup>	Q3 2019/20	76.6	76.4	↓	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 it is 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. 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, downwards or horizontal arrows displayed represent where there has been a significant increase, decrease, or no change in national performance (uses the Wilson Score method), comparing the current quarter to the previous quarter.

<sup>1</sup> ST4a, ST4b and BCS2 have no thresholds therefore no RAG rating is applied.

<sup>2</sup> NB2 is a reverse polarity indicator which means that a lower performance is better. An upwards arrow means national performance is worse, a downwards arrow means national performance is better.

<sup>3</sup> DE3, CS1 and CS2 only have an acceptable threshold; therefore, only red or green is displayed.

<sup>4</sup> 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
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

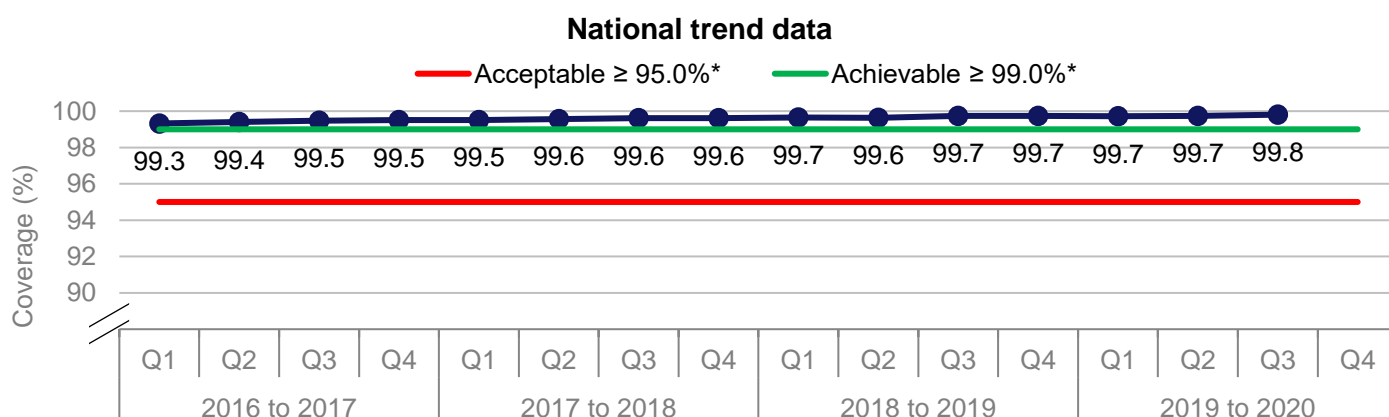
## KPI ID1: coverage: HIV



National performance of ID1 in Q3 was 99.8%, the highest ever level recorded for this KPI

All 140 screening services who submitted data met the acceptable threshold of 95% (3 services did not submit)

138 out of 143 screening services reached the achievable threshold of 99%



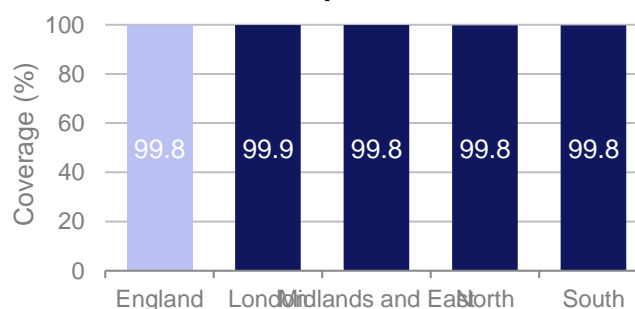
### KPI ID1

Reporting period: **Q3 2019 to 2020**  
England

- numerator = **161,018**
- denominator = **161,332**
- performance = **99.8%**

Completeness of data: **97.9%**

### Quarter 3 performance



### 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

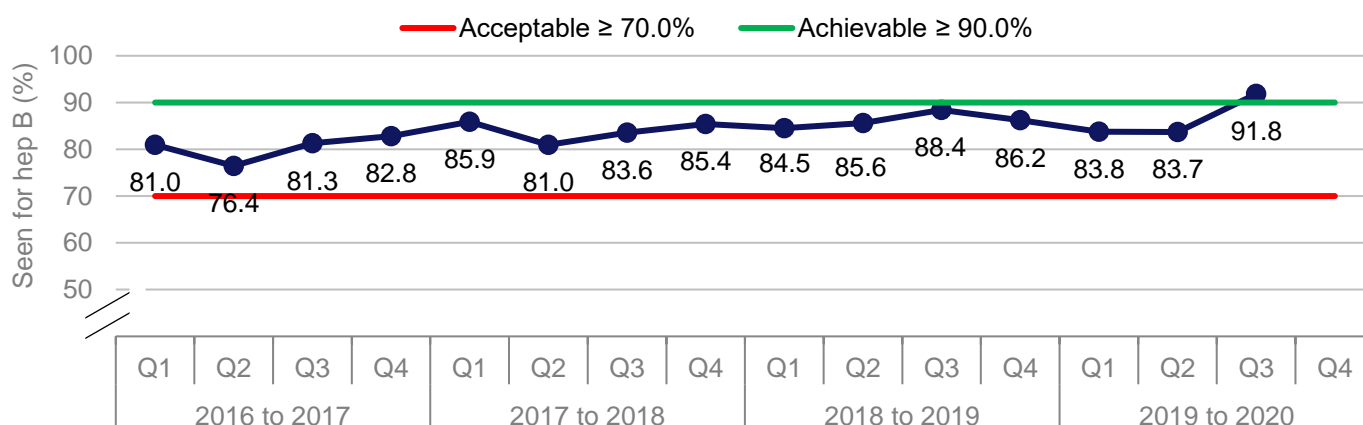
Reported by: Maternity service

**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 Q3 was 91.8%, above the achievable threshold of 90% and the highest ever level recorded for this KPI

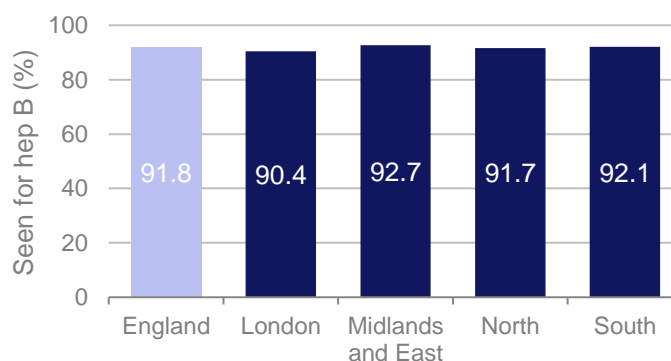
ID2 is a small number KPI, therefore the data should be interpreted with caution

**National trend data****KPI ID2**

Reporting period: **Q3 2019 to 2020**  
England

- numerator = **202**
- denominator = **220**
- performance = **91.8%**

Completeness of data: **97.9%**

**Quarter 3 performance****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

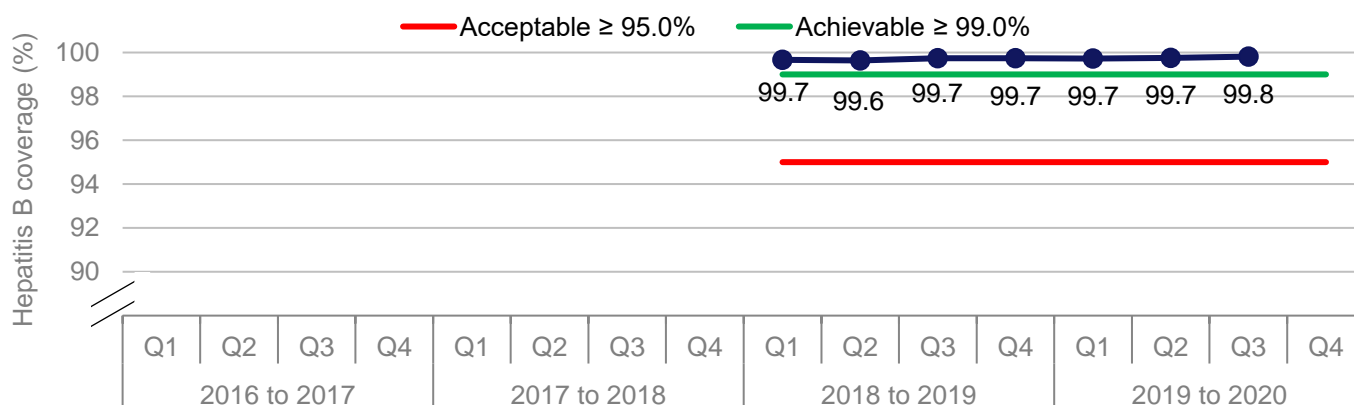
Reported by: Maternity service

**KPI ID3: coverage: hepatitis B**

ID3 was a newly published KPI from 2018 to 2019. National performance in Q3 was 99.8%, the highest ever level recorded

All 140 screening services who submitted data met the acceptable threshold of 95% (3 services did not submit)

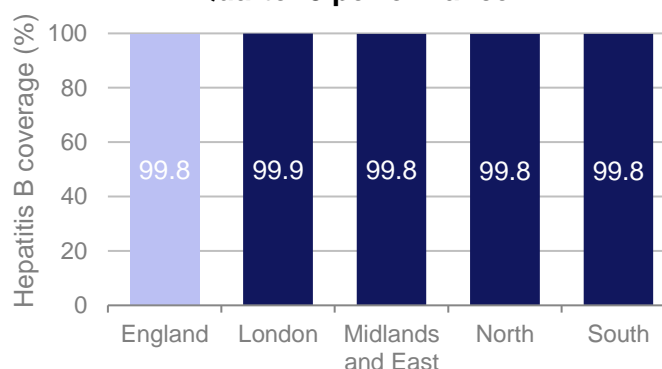
139 out of 143 screening services reached the achievable threshold of 99%

**National trend data****KPI ID3**

Reporting period: **Q3 2019 to 2020**  
England

- numerator = **161,031**
- denominator = **161,335**
- performance = **99.8%**

Completeness of data: **97.9%**

**Quarter 3 performance****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

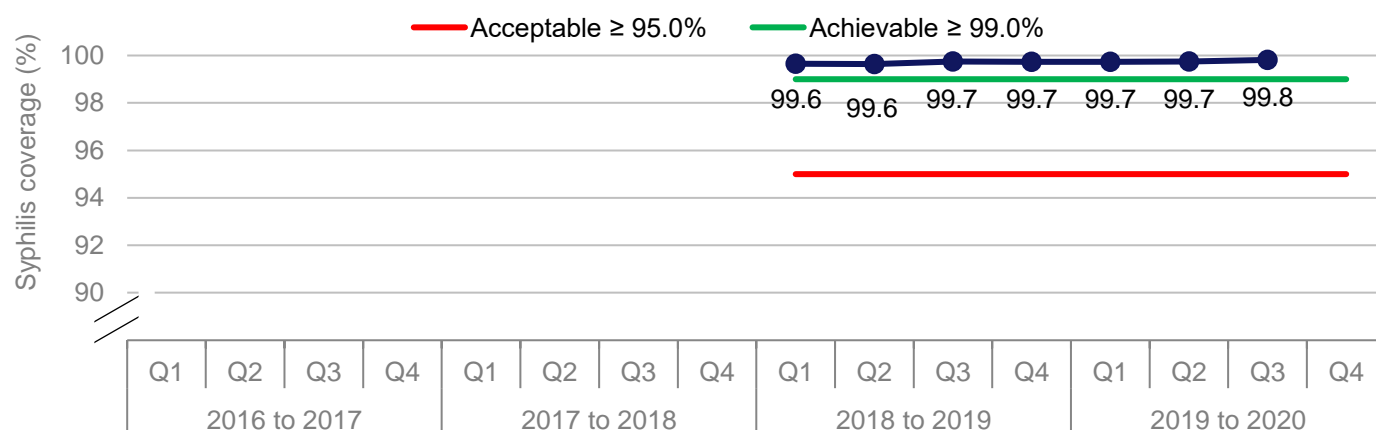
Reported by: Maternity service

**KPI ID4: coverage: syphilis**

ID4 was a newly published KPI from 2018 to 2019. National performance in Q3 was 99.8%, the highest ever level recorded

All 140 screening services who submitted data met the acceptable threshold of 95% (3 services did not submit)

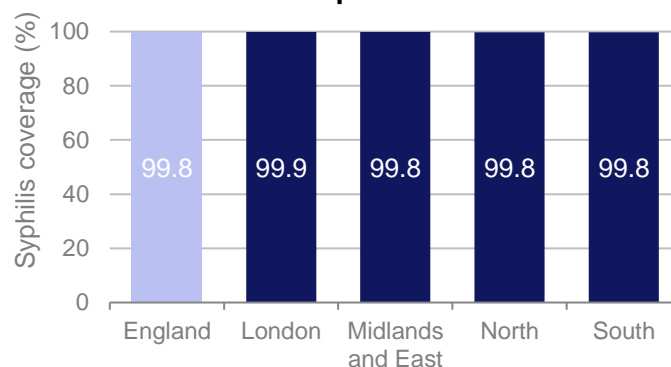
139 out of 143 screening services reached the achievable threshold of 99%

**National trend data****KPI ID4**

Reporting period: **Q3 2019 to 2020**  
England

- numerator = **161,030**
- denominator = **161,330**
- performance = **99.8%**

Completeness of data: **97.9%**

**Quarter 3 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: test: completion of laboratory request forms T21/T18/T13 screening

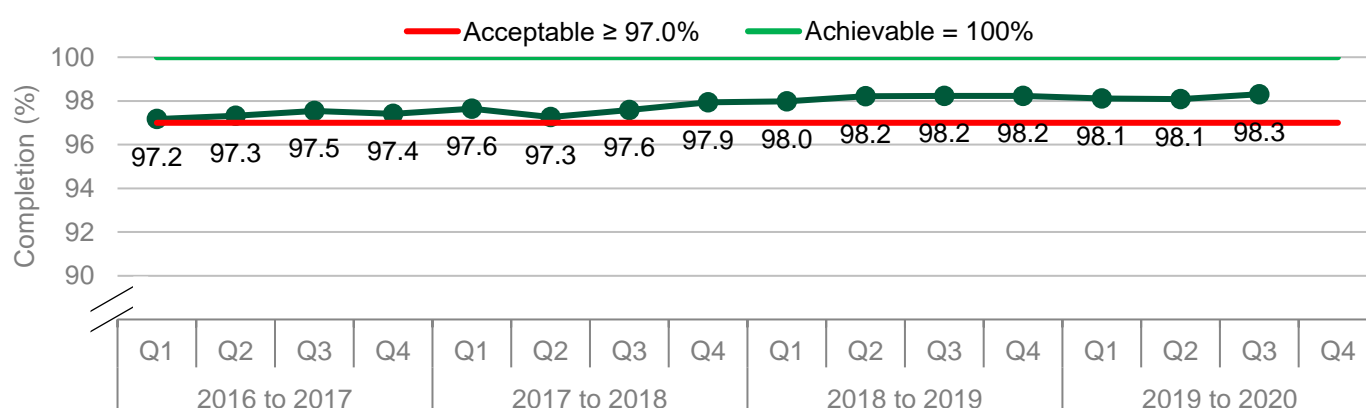


National performance of FA1 in Q3 was 98.3%, the highest ever level recorded for this KPI

124 out of 143 screening services met the acceptable threshold of 97% (4 services did not submit)

8 out of 143 screening services reached the achievable threshold of 100%

### National trend data



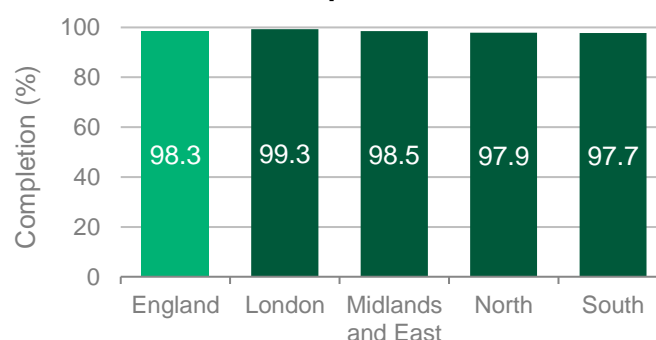
### KPI FA1

Reporting period: **Q3 2019 to 2020**  
England

- numerator = **115,461**
- denominator = **117,451**
- performance = **98.3%**

Completeness of data: **97.2%**

### Quarter 3 performance



### KPI FA1 description

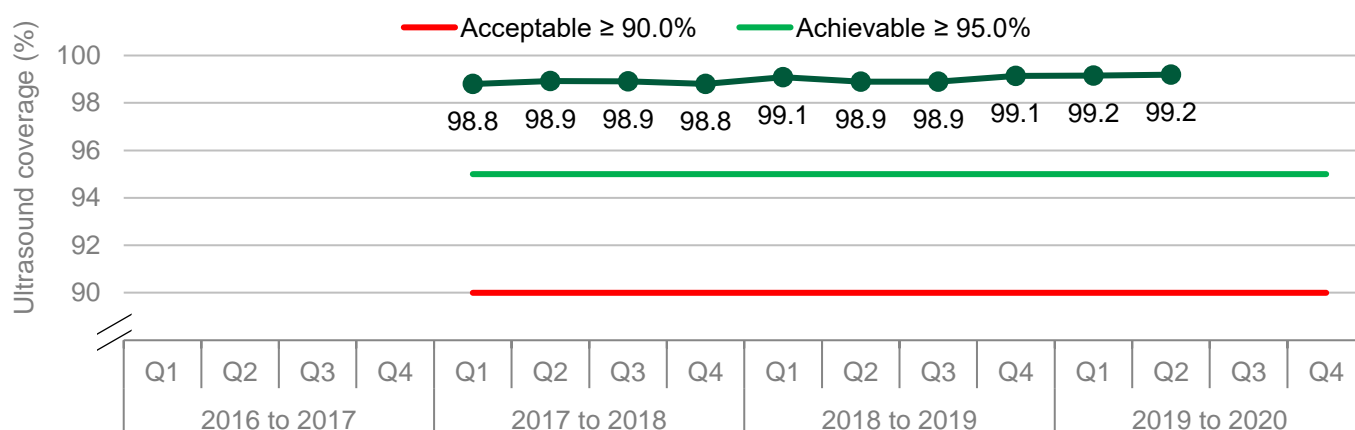
The proportion of laboratory request forms, including complete data prior to screening analysis, submitted to the laboratory within the recommended timeframe of 10 weeks + 0 days to 20 weeks + 0 days gestation  
Reported by: Maternity service

**KPI FA2: coverage: fetal anomaly ultrasound**

National performance of FA2 in Q2 was 99.2%, remaining at the highest ever level recorded for this KPI

135 out of 143 screening services met the achievable threshold of 95% (7 services did not submit)

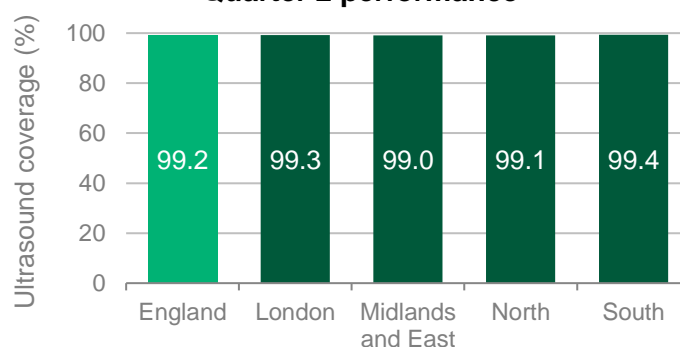
FA2 was introduced in 2016 to 2017 and is collected 2 quarters in arrears

**National trend data****KPI FA2**

Reporting period: **Q2 2019 to 2020**  
England

- numerator = **134,395**
- denominator = **135,480**
- performance = **99.2%**

Completeness of data: **95.1%**

**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 defined timescale

Reported by: Maternity service

## KPI FA3: coverage: T21/T18/T13 screening



FA3 was a new KPI introduced in 2018 to 2019. 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

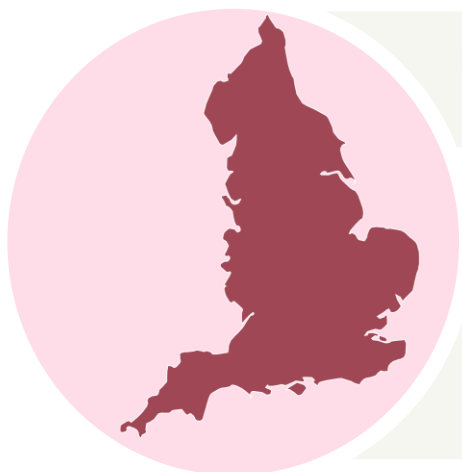
### KPI FA3 description

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

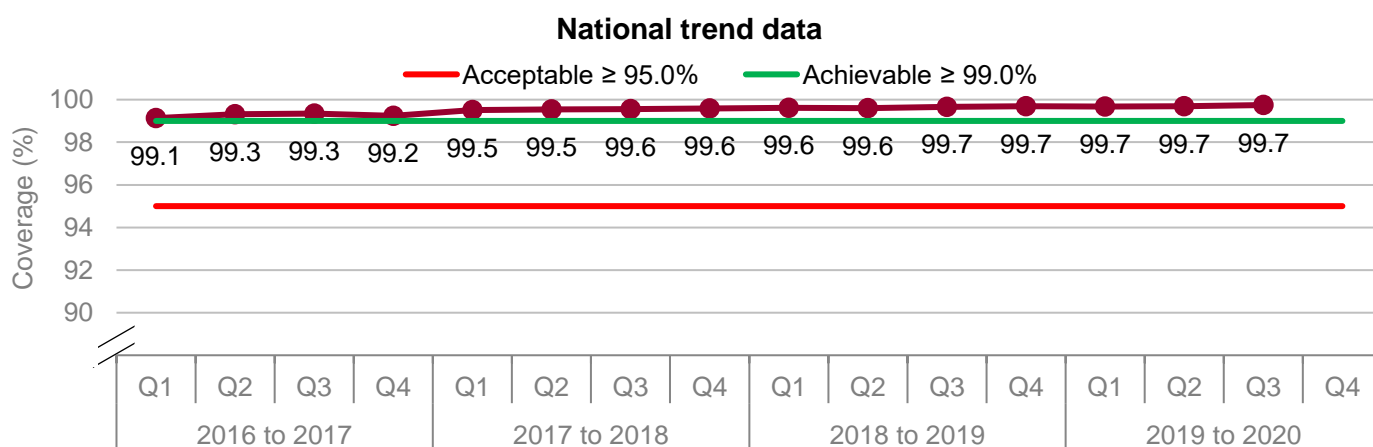
## KPI ST1: coverage: antenatal screening



National performance of ST1 in Q3 remained at its highest ever level recorded for this KPI at 99.7%

All 140 screening services that submitted data met the acceptable threshold of 95% (3 services did not submit)

137 out of 143 screening services reached the achievable threshold of 99%

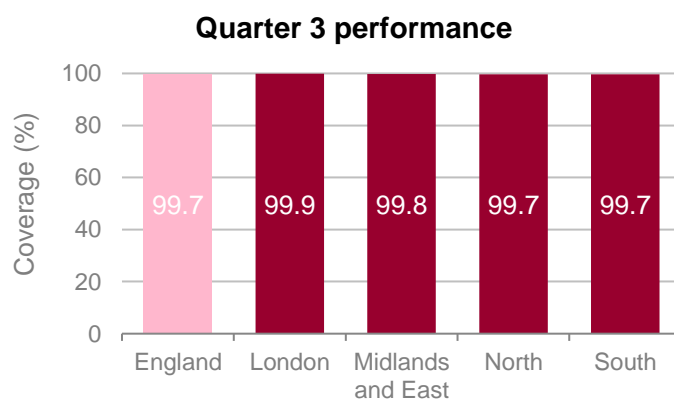


### KPI ST1

Reporting period: **Q3 2019 to 2020**  
England

- numerator = **160,777**
- denominator = **161,186**
- performance = **99.7%**

Completeness of data: **97.9%**

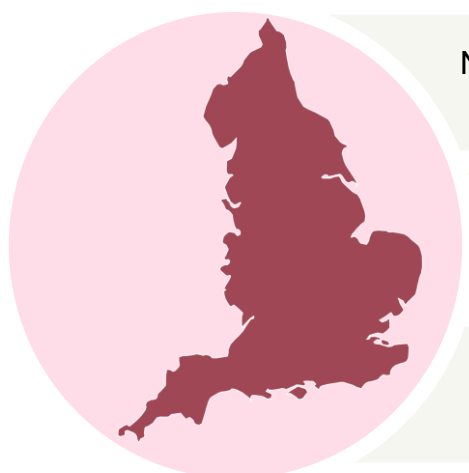


### KPI ST1 description

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

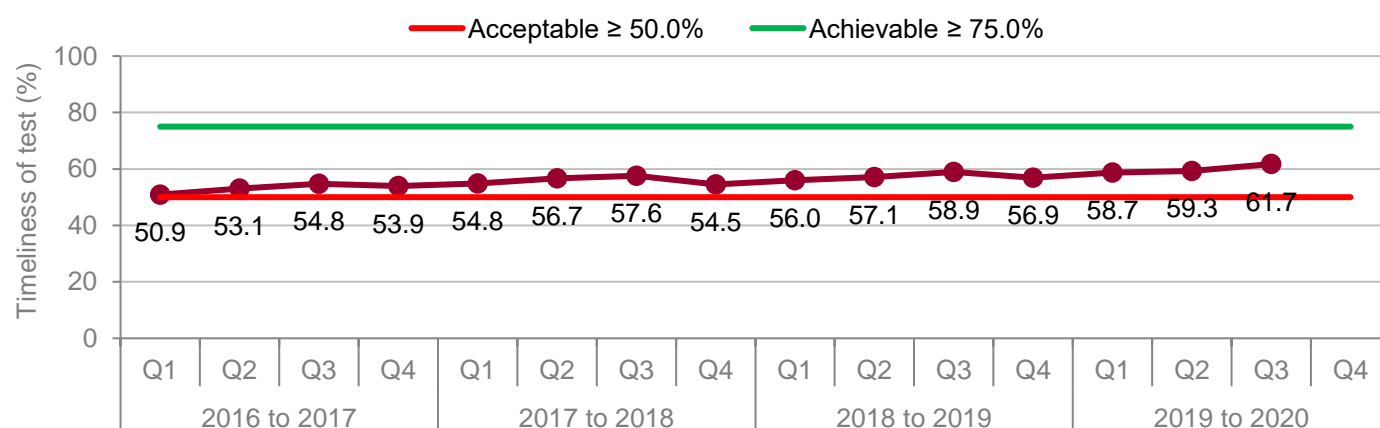


**KPI ST2: test: timeliness of antenatal screening**

National performance of ST2 in Q3 was 61.7%, the highest ever level recorded for this KPI

122 out of 143 screening services met the acceptable threshold of 50% (3 services did not submit)

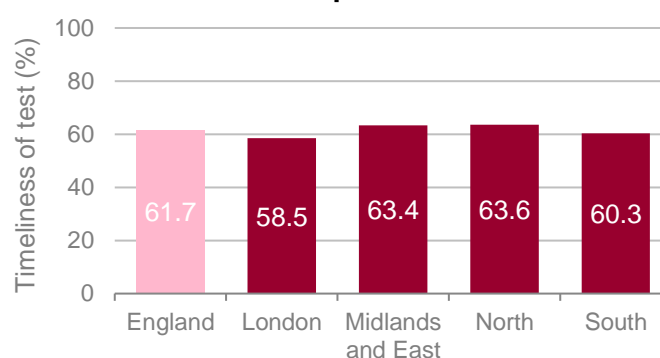
21 out of 144 screening services reached the achievable threshold of 75%

**National trend data****KPI ST2**

Reporting period: **Q3 2019 to 2020**  
England

- numerator = **101,849**
- denominator = **164,970**
- performance = **61.7%**

Completeness of data: **97.9%**

**Quarter 3 performance****KPI ST2 description**

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

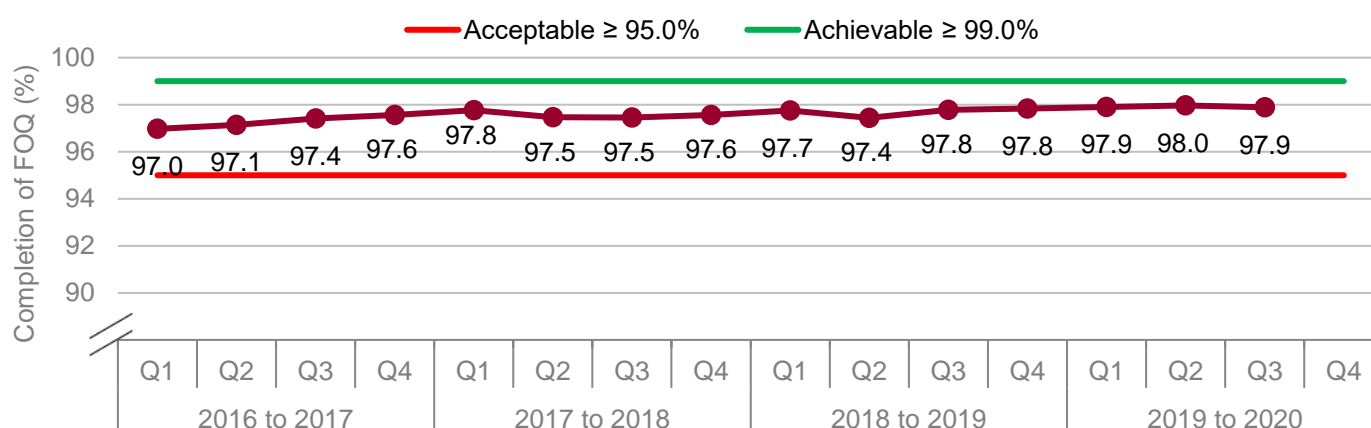
Reported by: Maternity service

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

National performance of ST3 in Q3 was 97.9%, higher than the acceptable threshold but lower than the achievable threshold

130 out of 143 screening services met the acceptable threshold of 95% (5 services did not submit)

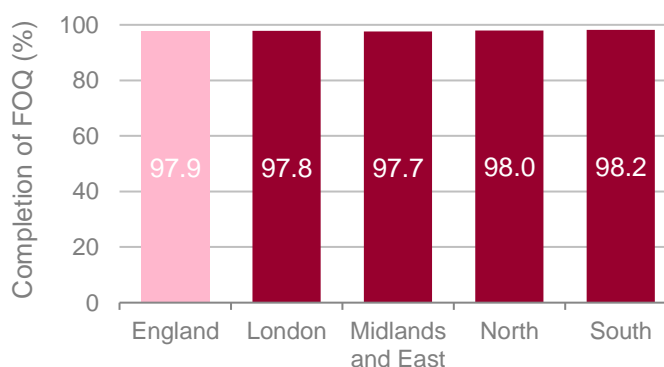
57 out of 143 screening services reached the achievable threshold of 99%

**National trend data****KPI ST3**

Reporting period: **Q3 2019 to 2020**  
England

- numerator = **157,103**
- denominator = **160,484**
- performance = **97.9%**

Completeness of data: **96.5%**

**Quarter 3 performance****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 screening service level data with NHS England and are reviewing this KPI with the aim of improving data quality.

### National trend data



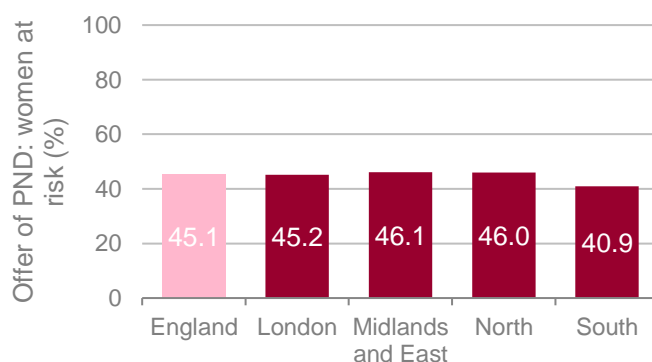
### KPI ST4a

Reporting period: **Q3 2019 to 2020**  
England

- numerator = **237**
- denominator = **525**
- performance = **45.1%**

Completeness of data: **97.9%**

### Quarter 3 performance



### KPI ST4a description

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

Reported by: Maternity service

## 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 screening service level data with NHS England and are reviewing this KPI with the aim of improving data quality.

### National trend data



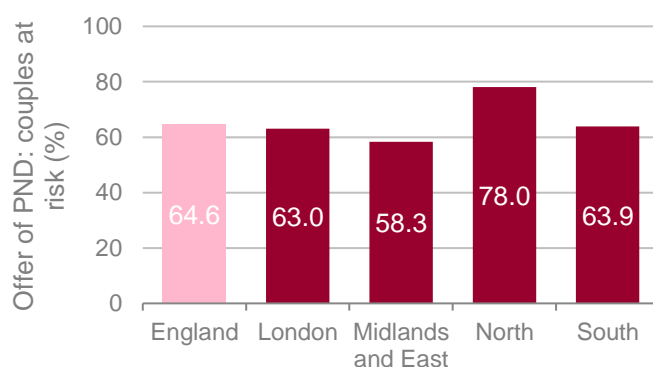
### KPI ST4b

Reporting period: **Q3 2019 to 2020**  
England

- numerator = **148**
- denominator = **229**
- performance = **64.6%**

Completeness of data: **97.9%**

### Quarter 3 performance



### KPI ST4b description

Proportion of couples at increased risk of having a baby with sickle cell disease or thalassaemia offered PND  $\leq 12$  weeks +0 days gestation

Reported by: Maternity service

# Newborn blood spot (NBS) screening programme

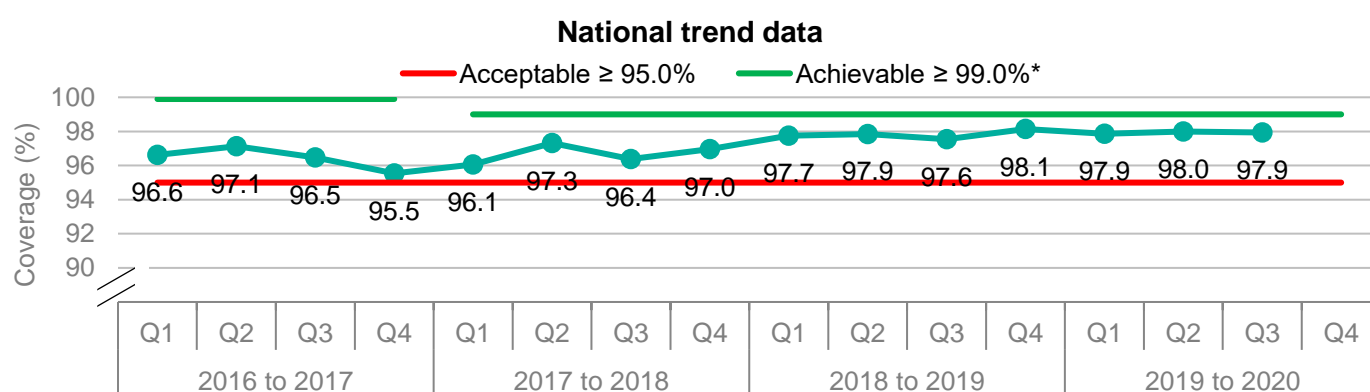
## KPI NB1: coverage of CCG responsibility at birth



National performance of NB1 in Q3 was 97.9%, above the acceptable threshold and below the achievable threshold

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

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



\*Achievable threshold changed in 2017 to 2018

### KPI NB1

Reporting period: **Q3 2019 to 2020**  
England

- numerator = **141,016**
- denominator = **143,991**
- performance = **97.9%**

Completeness of data: **99.5%**

### 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

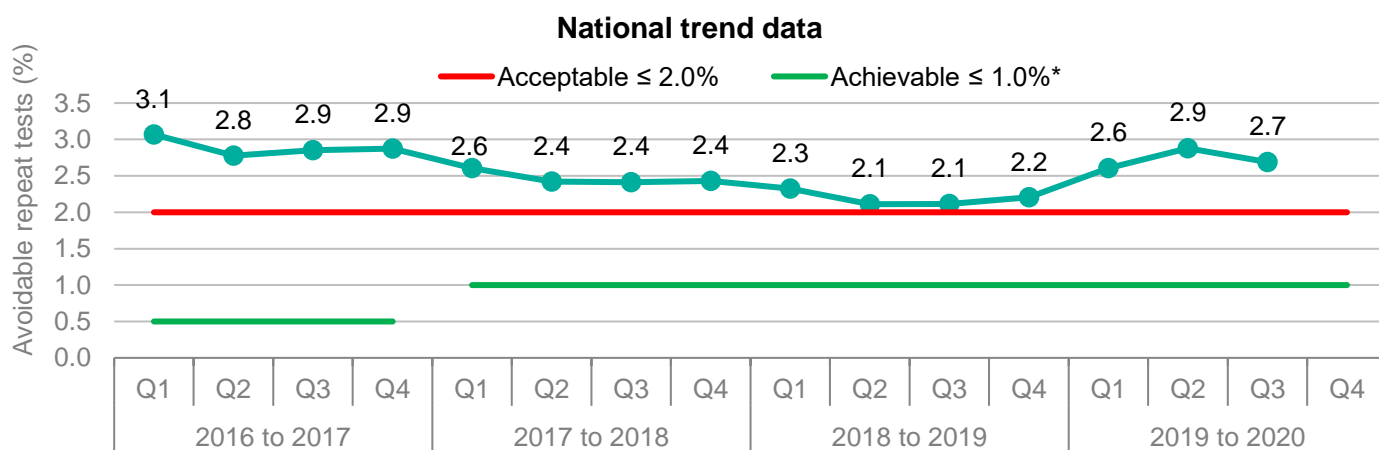
Reported by: CCG

**KPI NB2: test: quality of the blood spot sample**

National performance of NB2 in Q3 was 2.7%, slightly lower than the previous quarter. NB2 is a reverse polarity KPI, where a lower performance is better

52 out of 143 screening services met the acceptable threshold of  $\leq 2\%$

15 out of 143 screening services met the achievable threshold of  $\leq 1\%$



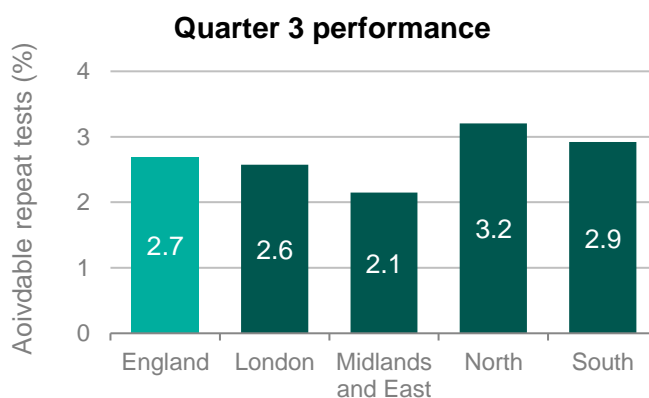
\*Achievable threshold changed in 2017 to 2018

**KPI NB2**

Reporting period: **Q3 2019 to 2020**  
England

- numerator = **4,127**
- denominator = **153,362**
- performance = **2.7%**

Completeness of data: **97.9%**

**KPI NB2 description**

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

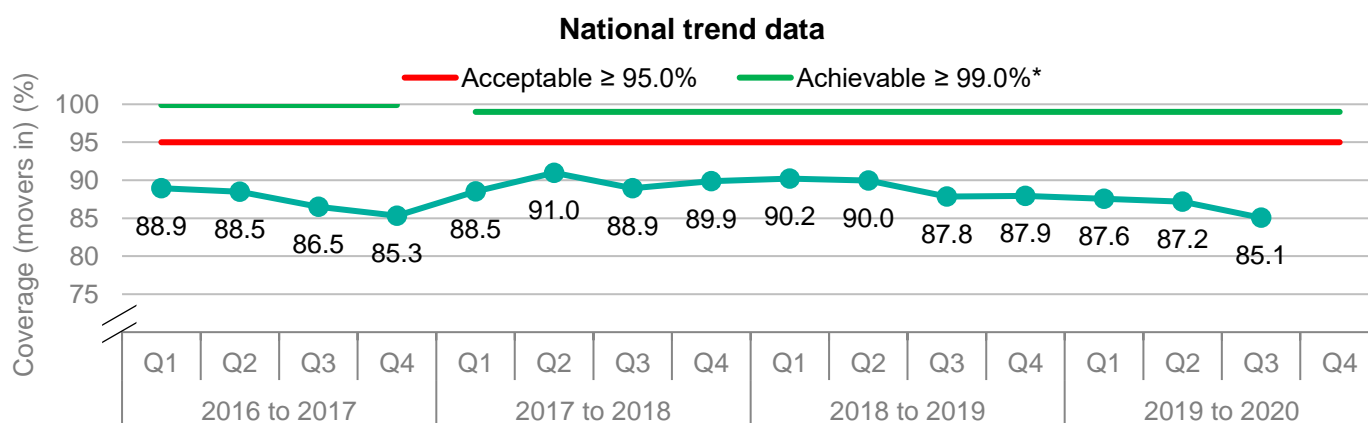
Reported by: Maternity service

**KPI NB4: coverage of movers in**

National performance of NB4 in Q3 was 85.1%, the lowest level recorded in the last 3 years

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

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



\*Achievable threshold changed in 2017 to 2018

**KPI NB4**

Reporting period: **Q3 2019 to 2020**  
England

- numerator = **10,854**
- denominator = **12,761**
- performance = **85.1%**

Completeness of data: **99.5%**

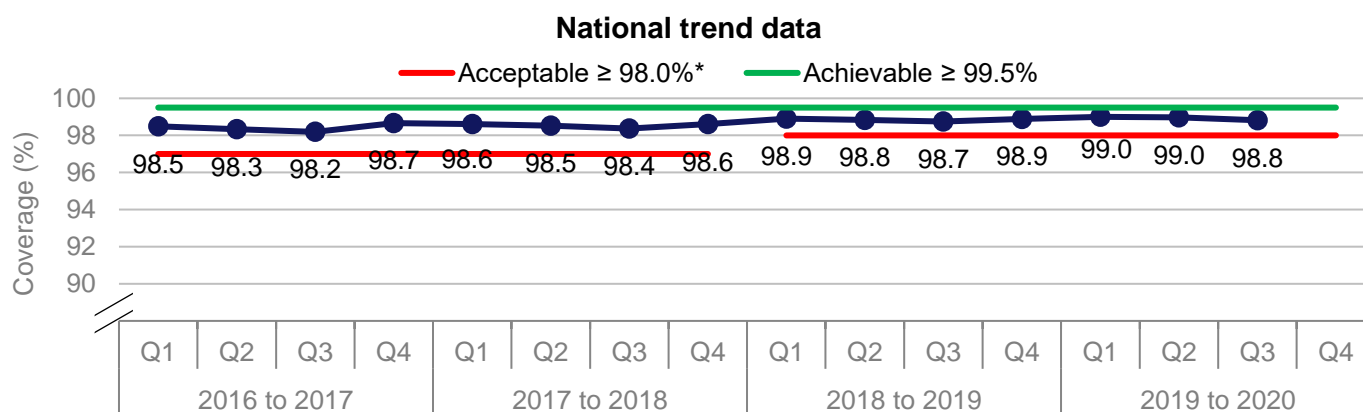
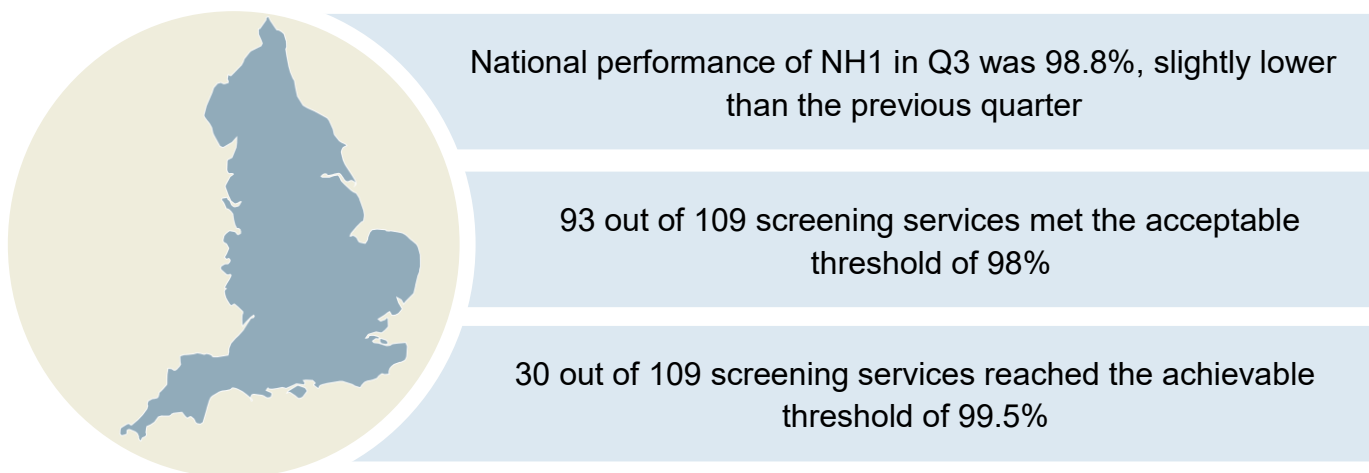
**Quarter 3 performance****KPI NB4 description**

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



\*Threshold changed in 2018 to 2019

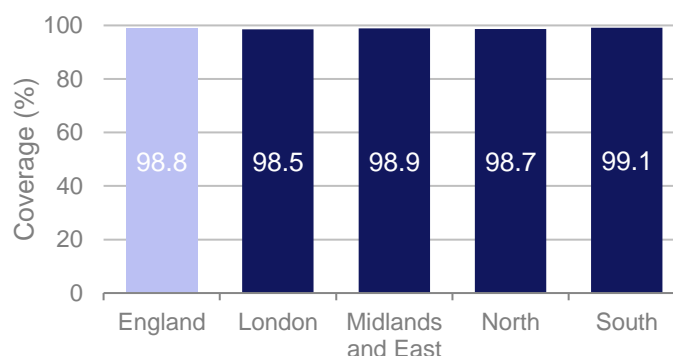
### KPI NH1

Reporting period: **Q3 2019 to 2020**  
England

- numerator = **148,357**
- denominator = **150,143**
- performance = **98.8%**

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



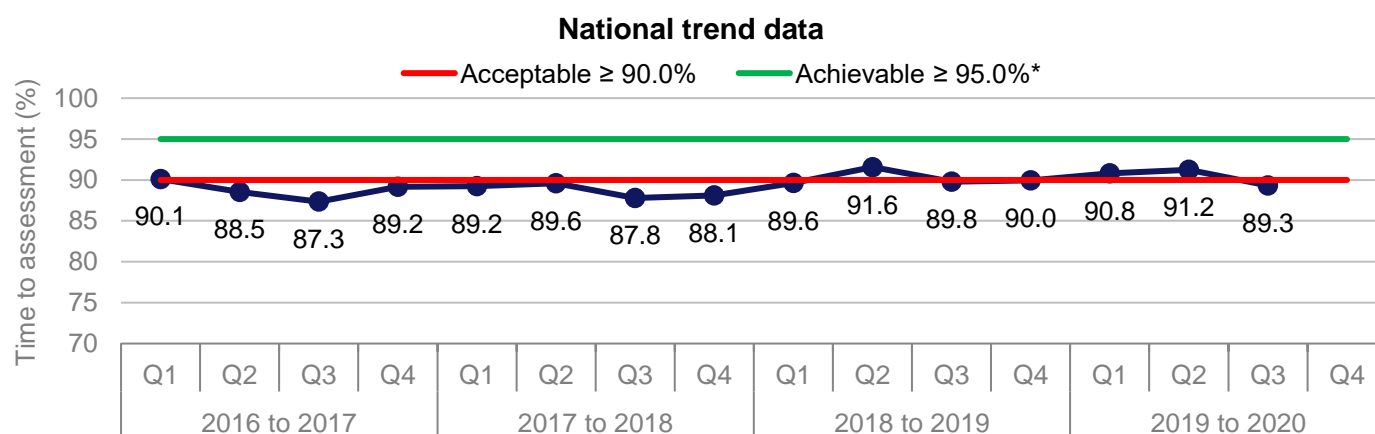
## KPI NH2: diagnosis/intervention – time from screening outcome to attendance at an audiological assessment appointment



National performance of NH2 in Q3 was 89.3%, a decrease compared with the previous 6 quarters

60 out of 109 screening services met the acceptable threshold of 90%, 38 services met the achievable threshold of 95%

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

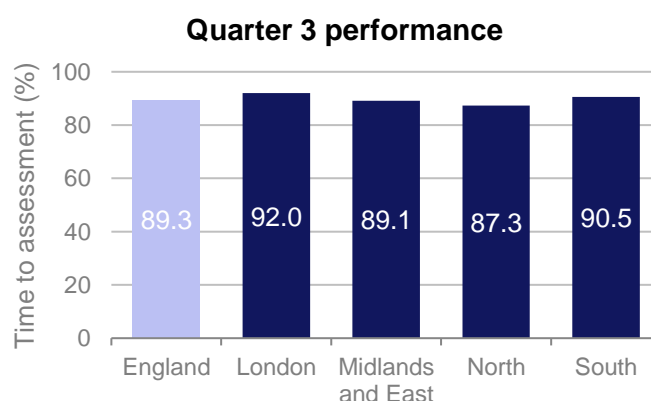


### KPI NH2

Reporting period: **Q3 2019 to 2020**  
England

- numerator = **2,886**
- denominator = **3,231**
- performance = **89.3%**

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

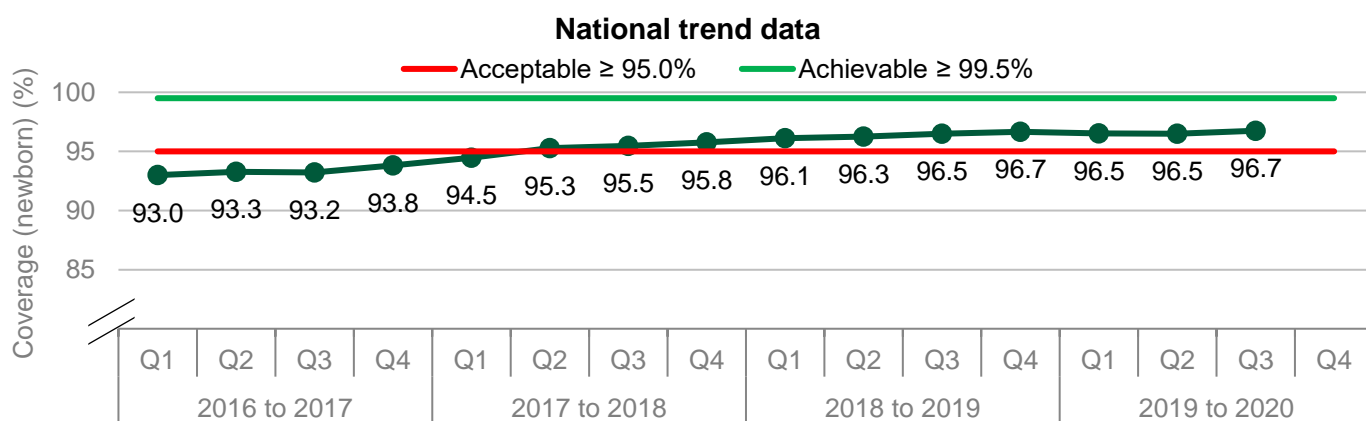
Reported by: Local NHSP site

# Newborn and infant physical examination (NIPE) screening programme

## KPI NP1: coverage



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



### KPI NP1

Reporting period: **Q3 2019 to 2020**  
England

- numerator = **142,544**
- denominator = **147,336**
- performance = **96.7%**

Completeness of data: **97.9%**

### Quarter 3 performance



### KPI NP1 description

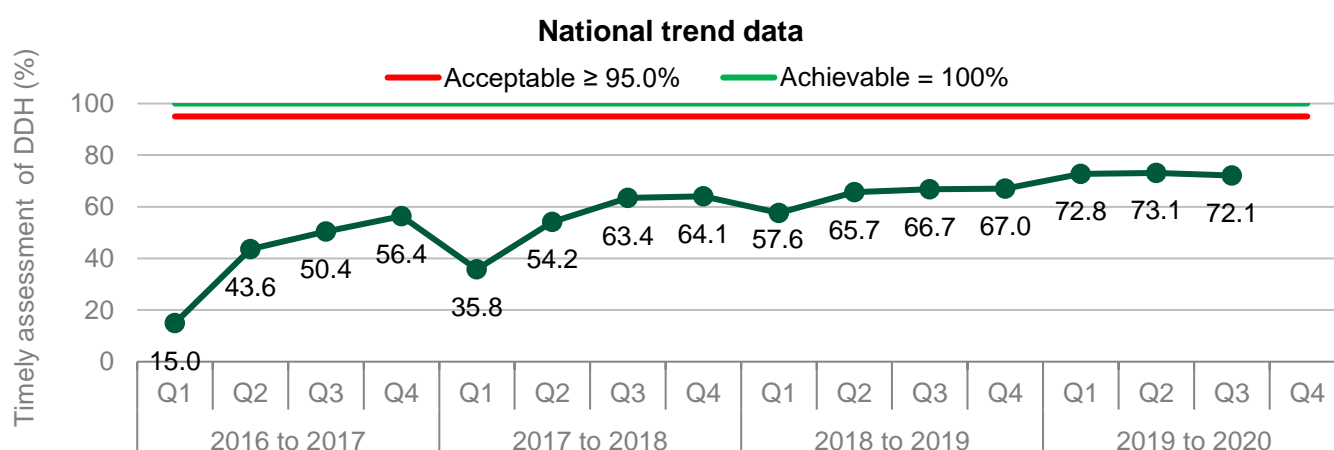
The proportion of babies eligible for the newborn physical examination who are tested for all 4 components (3 components in female infants) of the newborn examination within 72 hours of birth

Reported by: Maternity service

## 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.

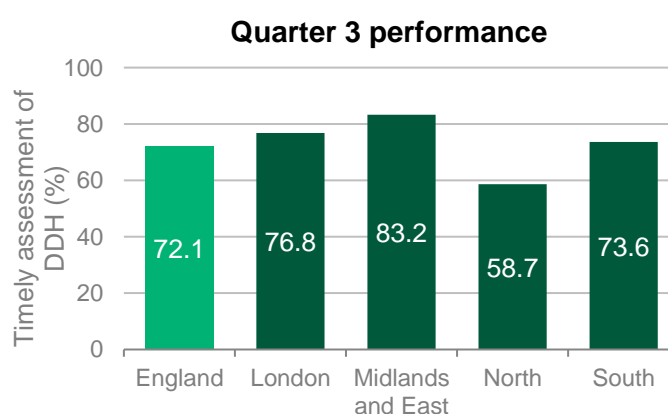


### KPI NP2

Reporting period: **Q3 2019 to 2020**  
England

- numerator = **372**
- denominator = **516**
- performance = **72.1%**

Completeness of data: **97.2%**



### 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: routine digital screening

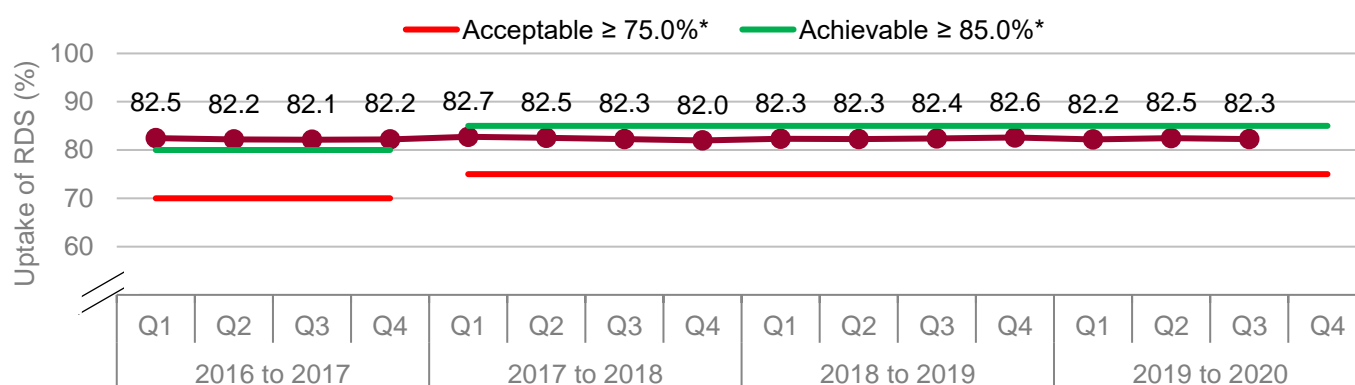


National performance of DE1 in Q3 was 82.3%, lower than the previous quarter

56 out of 58 screening services met the acceptable threshold of 75% (1 service had no data)

17 screening services reached the achievable threshold of 85%

### National trend data



\*Thresholds changed in 2017 to 2018

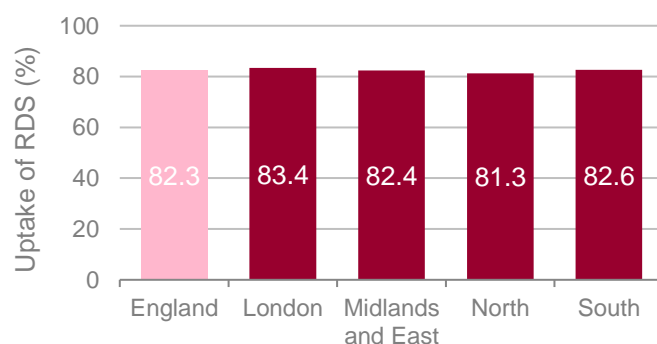
### KPI DE1

Reporting period: **Q3 2019 to 2020**  
England

- numerator = **2,340,428**
- denominator = **2,844,283**
- performance = **82.3%**

Completeness of data: **98.3%**

### Quarter 3 performance



### KPI DE1 description

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

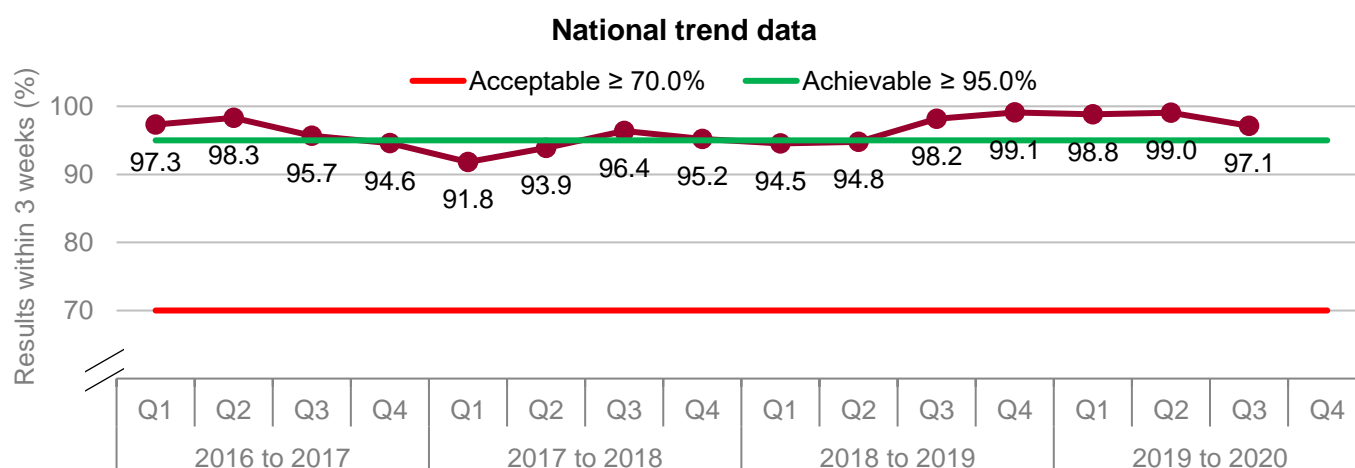
Reported by: DES service

**KPI DE2: test: timeliness of results letters**

National performance of DE2 in Q3 was 97.1%, lower than the previous 3 quarters

56 out of 58 screening services met the acceptable threshold of 70% (1 service had no data)

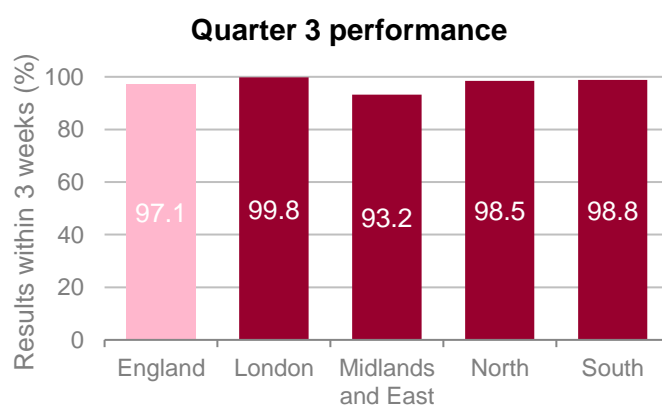
51 out of 58 screening services reached the achievable threshold of 95%

**KPI DE2**

Reporting period: **Q3 2019 to 2020**  
England

- numerator = **636,607**
- denominator = **655,489**
- performance = **97.1%**

Completeness of data: **98.3%**

**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 service

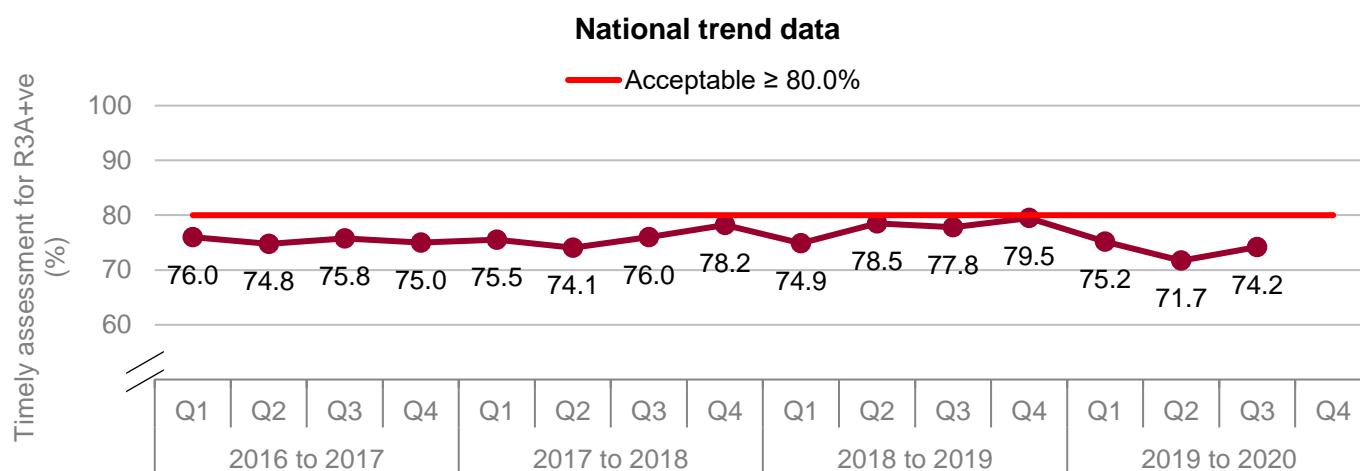
## KPI DE3: intervention/treatment: timely consultation for people with diabetes who are screen positive



National performance of DE3 in Q3 was 74.2% higher than the previous quarter but still lower than the acceptable threshold

25 out of 58 screening services met the acceptable threshold of 80% (1 service had no data)

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

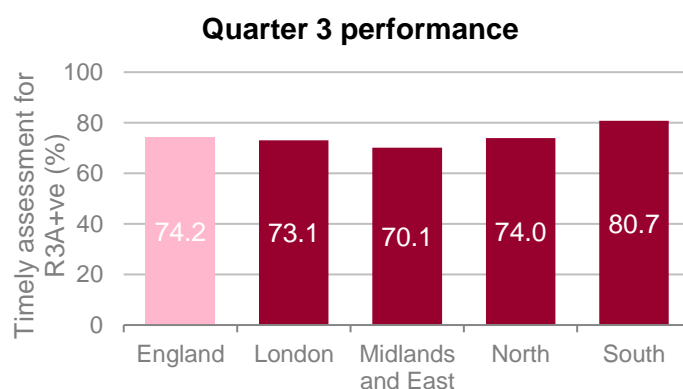


### KPI DE3

Reporting period: **Q3 2019 to 2020**  
England

- numerator = **1,680**
- denominator = **2,265**
- performance = **74.2%**

Completeness of data: **98.3%**



### KPI DE3 description

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

Reported by: DES service

# Abdominal aortic aneurysm (AAA) screening programme

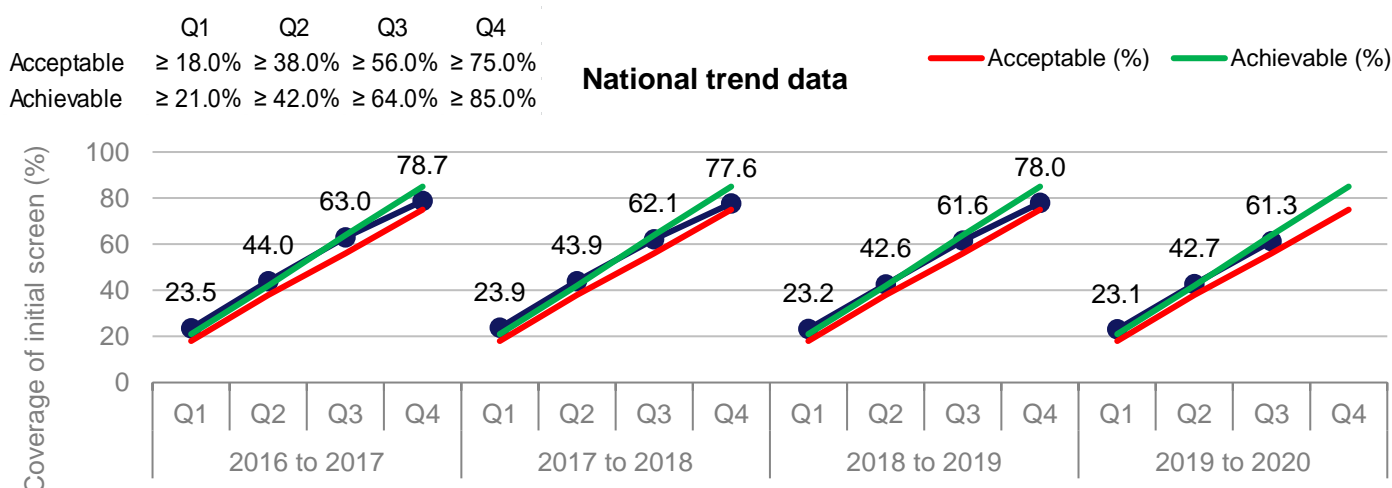
## KPI AA2: coverage – initial screen



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 Q3 was above the acceptable threshold at 61.3%. 30 out of 38 screening services met the acceptable threshold of 56%



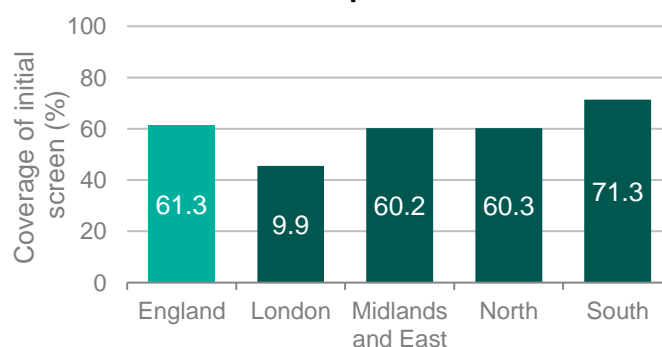
### KPI AA2

Reporting period: **Q3 2019 to 2020**  
England

- numerator = **179,275**
- denominator = **292,382**
- performance = **61.3%**

Completeness of data: **100%**

### Quarter 3 performance



### KPI AA2 description

Proportion of eligible men who are tested

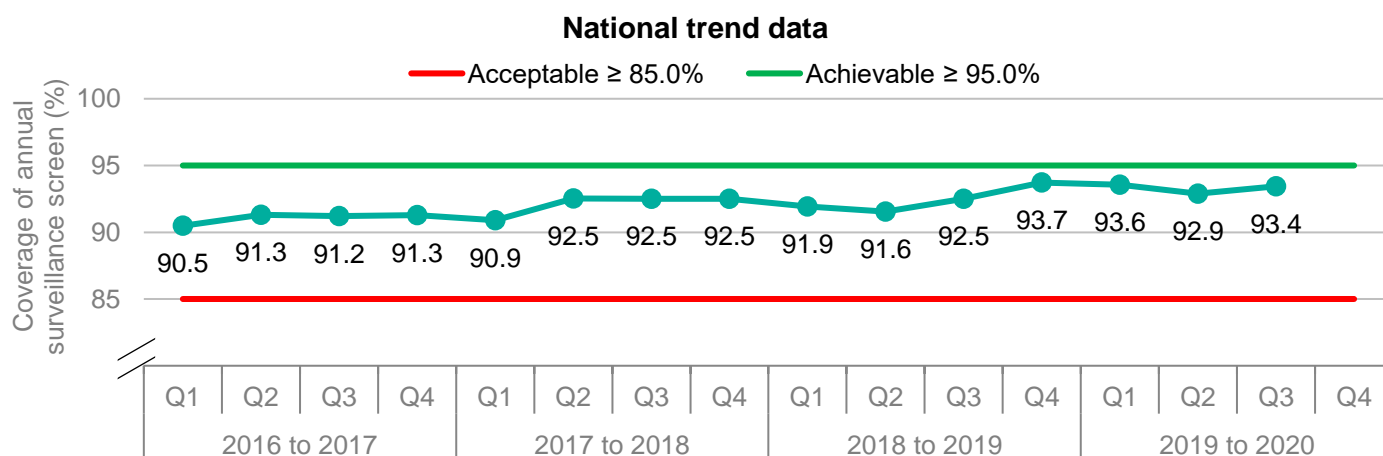
Reported by: AAA screening service

**KPI AA3: coverage – annual surveillance screen**

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

National performance of AA3 in Q3 was 93.4%, higher than the previous quarter

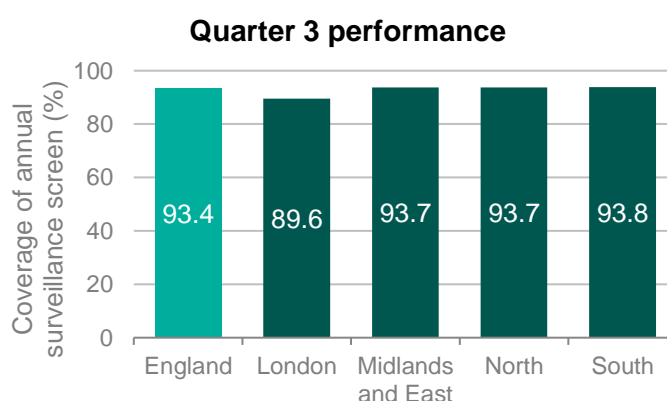
37 out of 38 screening services met the acceptable threshold of 85% and 18 services met the achievable threshold of 95%

**KPI AA3**

Reporting period: **Q3 2019 to 2020**  
England

- numerator = **2,932**
- denominator = **3,138**
- performance = **93.4%**

Completeness of data: **100%**

**KPI AA3 description**

Proportion of eligible men who are tested

Reported by: AAA screening service

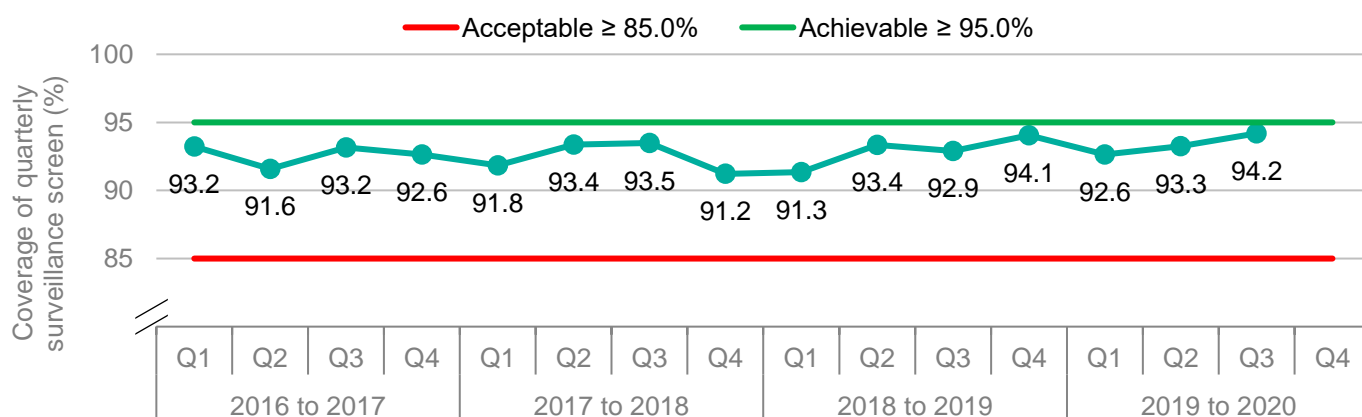


**KPI AA4: coverage – quarterly surveillance screen**

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

National performance of AA4 in Q3 was 94.2%, the highest ever level recorded for this KPI

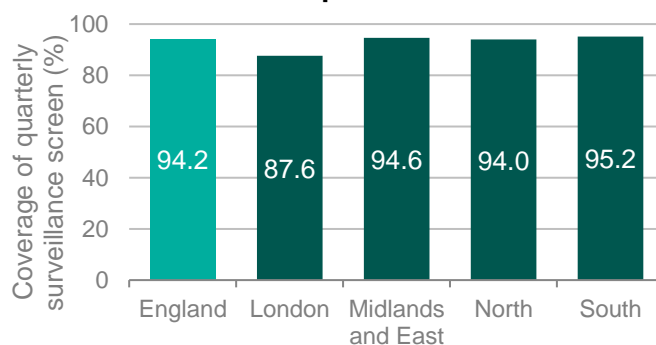
36 out of 38 screening services met the acceptable threshold of 85% and 20 services met the achievable threshold of 95%

**National trend data****KPI AA4**

Reporting period: **Q3 2019 to 2020**  
England

- numerator = **2,498**
- denominator = **2,652**
- performance = **94.2%**

Completeness of data: **100%**

**Quarter 3 performance****KPI AA4 description**

Proportion of eligible men who are tested

Reported by: AAA screening service

# Bowel cancer screening programme (BCSP)

## KPI BCS1: uptake

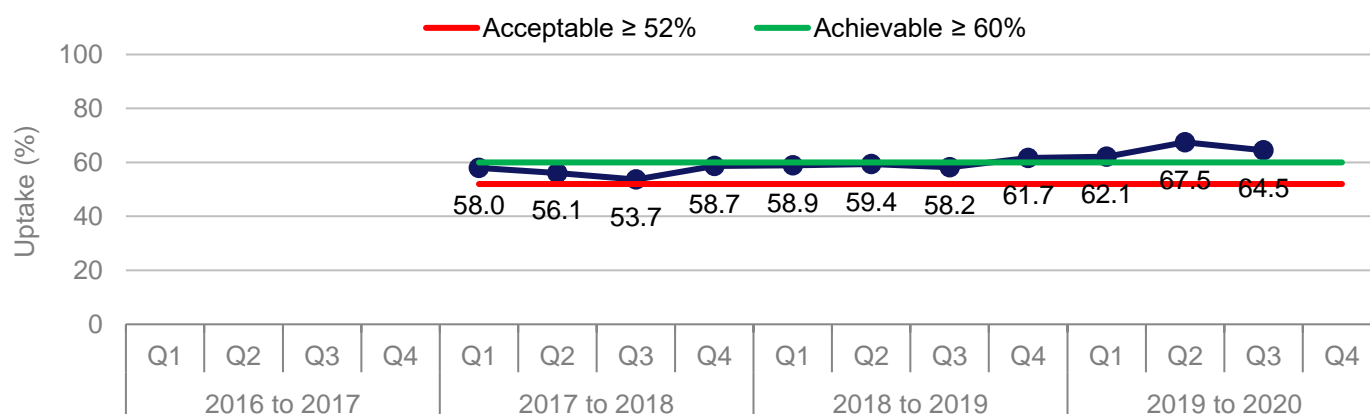


2017 to 2018 was the first year of data publication for BCS1

National performance of BCS1 in Q3 was 64.5%, lower than the previous quarter but still higher than the achievable threshold of 60%

61 out of 64 screening services met the acceptable threshold of 52%, 56 services met the achievable threshold of 60%

### National trend data



### KPI BCS1

Reporting period: **Q3 2019 to 2020**  
England

- numerator = **753,689**
- denominator = **1,168,420**
- performance = **64.5%**

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)

## KPI BCS2: coverage

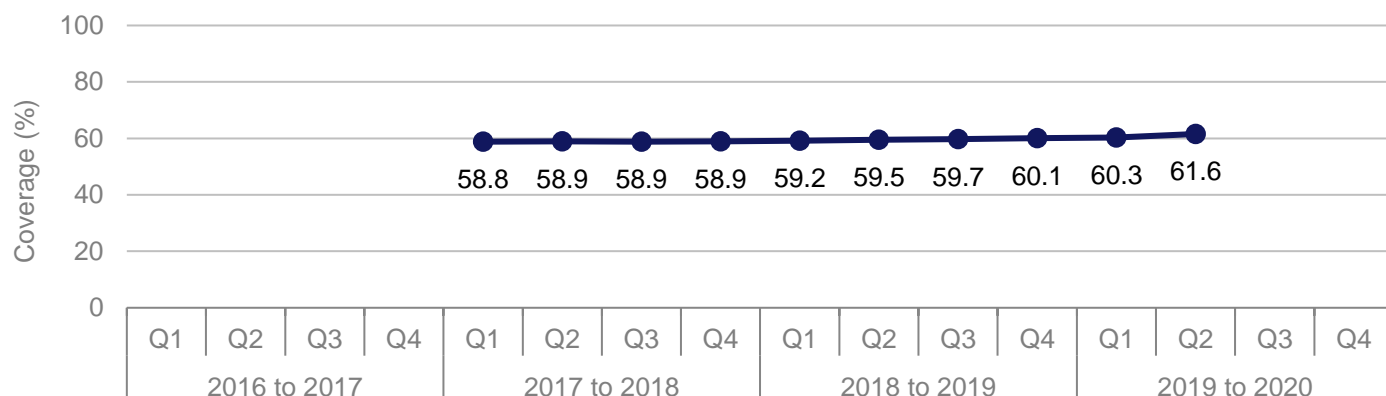


2017 to 2018 was the first year of data publication for BCS2 and is available 6 months in arrears

National performance of BCS2 at Q2 was 61.6%, the highest recorded level of this KPI published so far. There are no thresholds set for this KPI.

Coverage ranged from 53.3% in London to 64.0% in the South

### National trend data



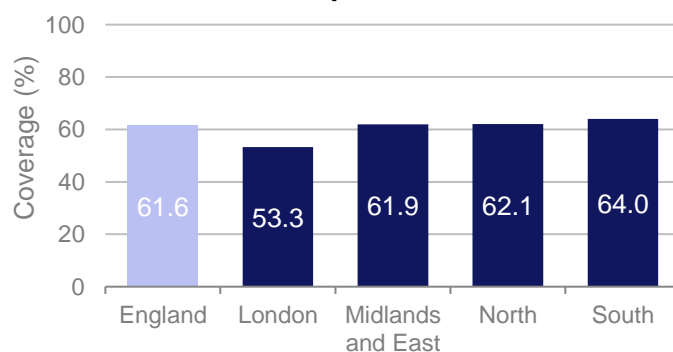
### KPI BCS2

Reporting period: **Q2 2019 to 2020**  
England

- numerator = **5,051,534**
- denominator = **8,205,936**
- performance = **61.6%**

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)

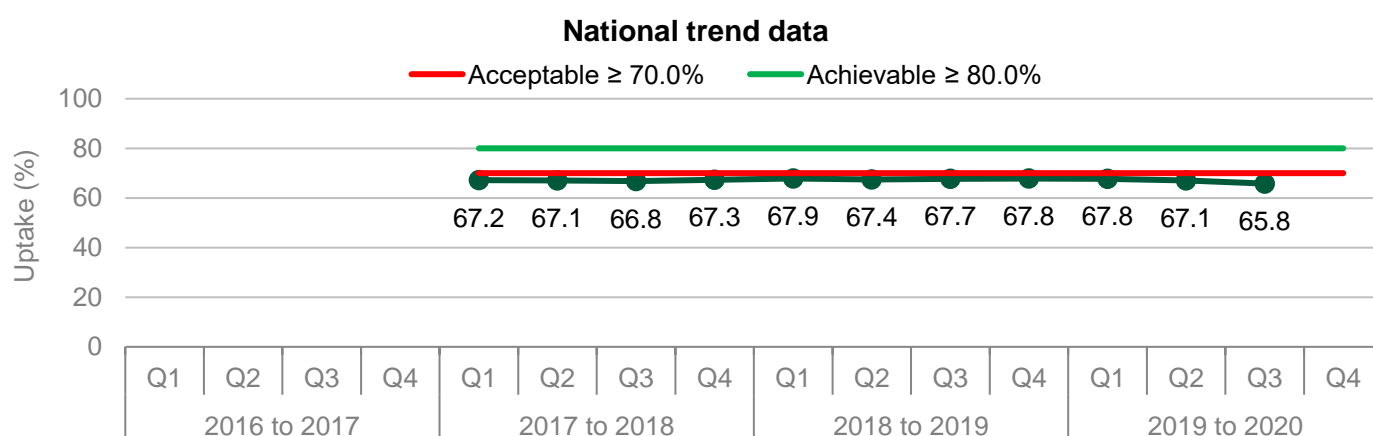
## KPI BS1: uptake



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 Q3 was 65.8%, the lowest it has been since Q3 2017 to 2018

29 out of 78 screening services reached the acceptable threshold of 70%; no services met the achievable threshold of 80%

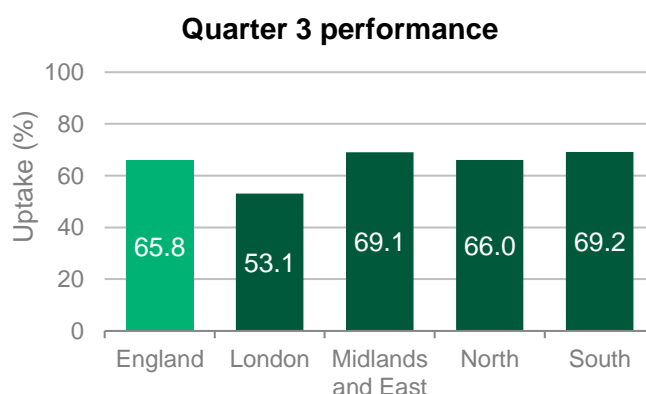


### KPI BS1

Reporting period: **Q3 2019 to 2020**  
England

- numerator = **432,627**
- denominator = **657,512**
- performance = **65.8%**

Completeness of data: **100%**



### KPI BS1 description

The proportion of eligible women invited who attend for screening

Reported by: Local screening service

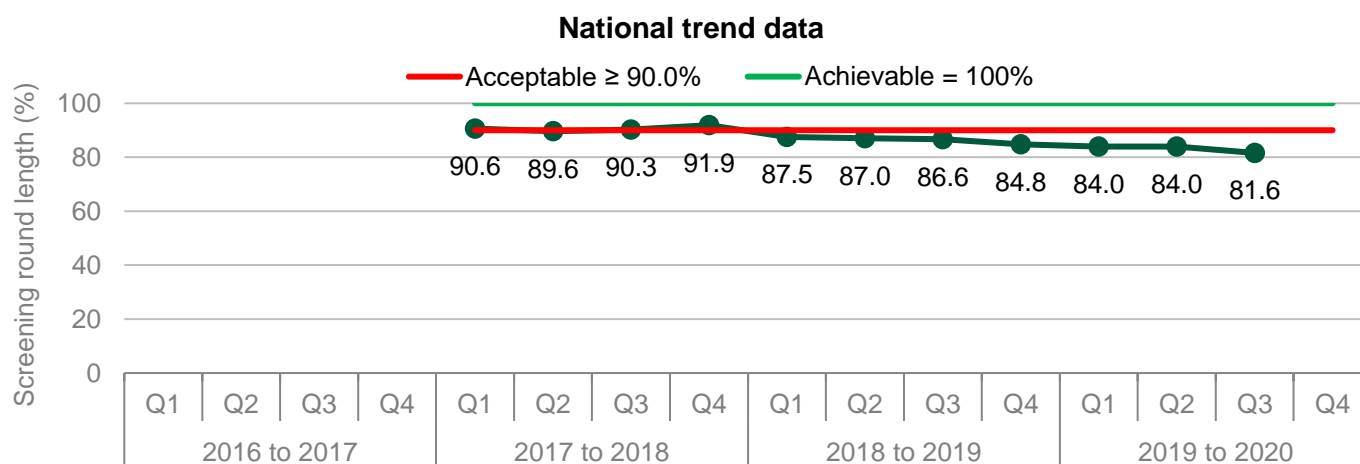
## KPI BS2: uptake: screening round length



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

National performance of BS2 in Q3 was 81.6%, the lowest it has been since publication began

52 out of 78 screening services reached the acceptable threshold; no services met the achievable threshold

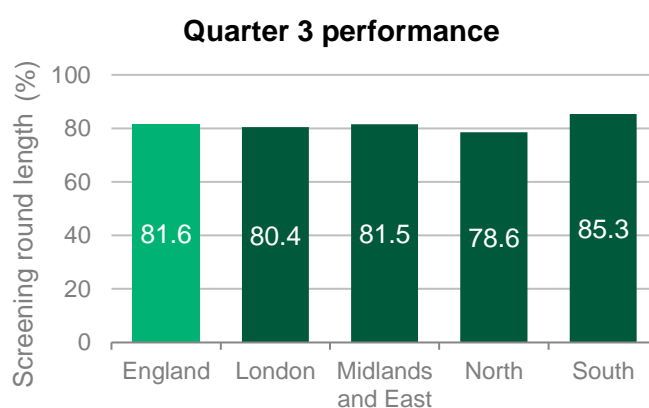


### KPI BS2

Reporting period: **Q3 2019 to 2020**  
England

- numerator = **399,446**
- denominator = **489,547**
- performance = **81.6%**

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 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



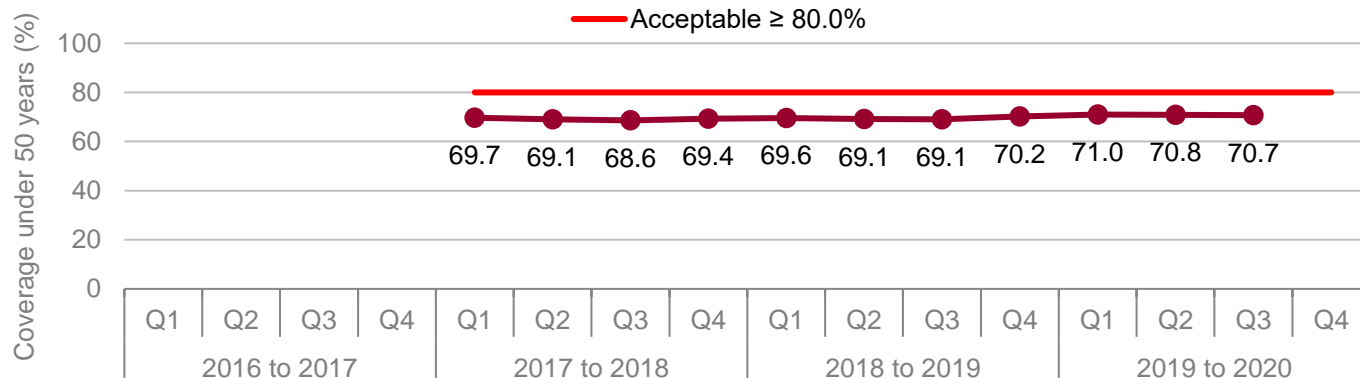
2017 to 2018 was the first year of data publication for CS1

National performance of CS2 in Q3 was 70.7%, slightly lower than the previous quarter

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

### National trend data

— Acceptable  $\geq 80.0\%$



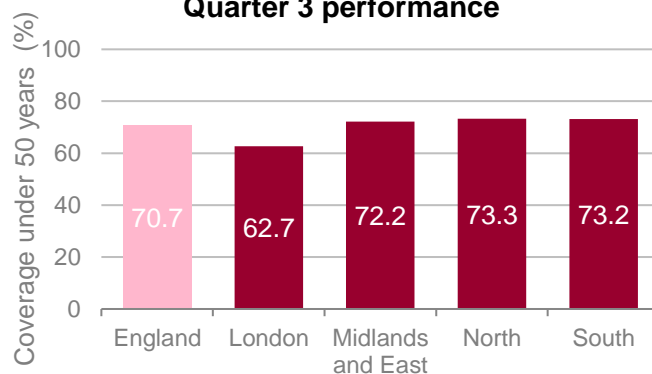
### KPI CS1

Reporting period: **Q3 2019 to 2020**  
England

- numerator = **7,219,597**
- denominator = **10,216,016**
- performance = **70.7%**

Completeness of data: **100%**

### Quarter 3 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

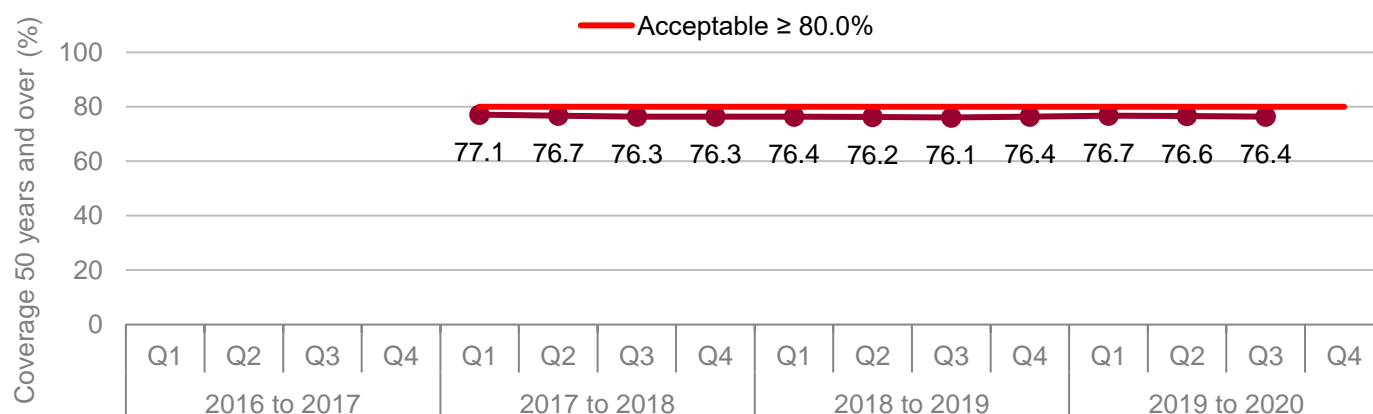
Reported by: CCG

**KPI CS2: Coverage 50 years and above**

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

National performance of CS2 in Q3 was 76.4%, slightly lower than the previous quarter

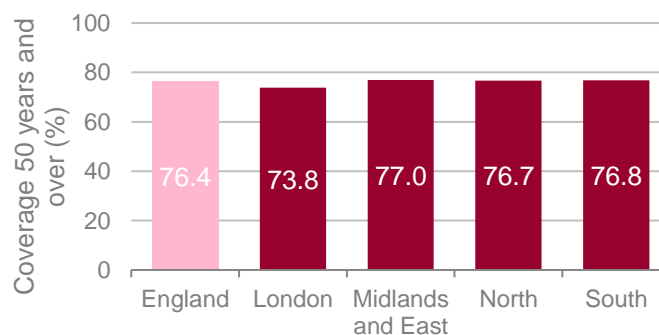
Six out of 191 CCGs met the acceptable threshold of 80%

**National trend data****KPI CS2**

Reporting period: **Q3 2019 to 2020**  
England

- numerator = **3,854,727**
- denominator = **5,046,322**
- performance = **76.4%**

Completeness of data: **100%**

**Quarter 3 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