

NHS England Annual Accountability Statement for NHS Public Health Functions Agreements 2023/24 under Section 7A (s.7A)

July 2025



Contents

1. Background	2
2. Requirements of s.7A Public Health Function Agreement 2023/24	3
3. NHS England s.7A achievements and delivery of the requirements in 2023/24	4
3.1 Immunisation programmes	5
Seasonal influenza	5
Childhood Vaccinations	5
Adult routine vaccinations	8
3.2 Screening	9
NHS Antenatal and Newborn Screening (ANNB)	9
Young people and adult screening programmes	11
3.3 Additional functions	16
Screening Quality Assurance Service	16
Digital Screening	17
Child Health Information Services	19
4. Public health services for children and adults in secure and detained settings including sexual assault referral services	19
5. Finance	22
Appendix A: Summary of Key Indicators 2023/24	23



1. Background

The Secretary of State, through the annual Section 7A Public Health Functions Agreement (s.7A Agreement), delegates responsibility to NHS England to commission and drive improvements in population health through the following public health services:

- National NHS screening programmes
- National NHS routine immunisation programmes
- Child Health Information Services (CHIS)
- Public health care for people in prison and other places of detention
- Sexual assault referral services

The [NHS public health functions agreement 2023 to 2024](#)¹ requires NHS England to report to the Secretary of State on its achievement against the expected objectives. This document is the NHS England Accountability Statement for 2023/24.

Over 2023/24, NHS England commissioned the services listed in Annex A in accordance with the relevant individual service and pathway requirement specifications and guidance.

¹ [NHS public health functions agreement 2023 to 2024 - GOV.UK](#)



2. Requirements of s.7A Public Health Function Agreement 2023/24

During 2023/24, NHS England continued to be held accountable for delivery of the annual s.7A Public Health Functions Agreement (s.7 Agreement) through the established monitoring and accountability mechanisms.

The agreement sets out headline objectives and budget arrangements with a focus on recovery, restoration and transformation of services, as well as improvements in reducing health inequalities.


NHS England's first objective during this period was to secure the operational delivery of high-quality s.7A services in England via its commissioning and accountability processes. It sought to do this with efficient use of resources while, preventing avoidable ill health and achieving earlier diagnosis with positive health outcomes whilst promoting equality and reducing health disparities.

Achieving this objective would mean that:

1. NHS England would have secured services - for example, by setting national NHS contract service specifications to commission. NHS England would have effectively ensured contracts are managed so that providers delivered the required performance, and so that variation in levels of performance between different geographical areas were reduced. The NHS Standard Contract, where appropriate, would include the key performance indicators (KPIs) set out in this agreement.
2. NHS England would have shown evidence that timely and effective contract and performance management has been exercised to ensure providers deliver and assure to the requisite quality and safety standards. This would include the quality of patient experience, with patients able to access equitable services delivered by providers with a suitably qualified and diverse workforce.

NHS England's second objective was to:

- Hold responsibility for the operational delivery of changes in services or introduction of new services that were agreed with the Department of Health and Social Care (DHSC).
- Continue to transform s.7A services (including, where relevant, subsequent to UK National Screening Committee (UK NSC) and Joint Committee on Vaccination and Immunisation (JCVI) recommendations, informed by appropriate assessment of practical impact and feasibility for the NHS).



Programme changes were to be planned carefully, taking account of relevant clinical or public health expert advice from the UK Health Security Agency (UKHSA) and Office for Health Improvement and Disparities (OHID), whilst seeking to minimise NHS service disruption and improve overall outcomes.

2.1 Statutory duties in relation to equality and health inequalities

NHS England is subject to legal duties to give due regard to addressing health inequalities and advancing equality of opportunity. These separate duties are the Public Sector Equality Duty (PSED), section 149 (1) of the Equality Act 2010, and the health inequalities duties set out at section 13G of the National Health Service Act 2006 as amended.


Promoting equality and addressing health inequalities are at the heart of NHS England's values. It continues to recognise the positive and transformative impact effective commissioning can have in addressing health inequalities. In 2023/24 all screening, vaccination and immunisation services specifications continued to prioritise the delivery of programmes to address locally identifiable health inequalities, whilst restoring services impacted by the COVID-19 pandemic and implementing tailored and targeted interventions, when necessary.

NHS England uses research, data, communication, engagement, partnership working and tools such as the Equality and Health Inequalities Impact Assessments (EHIAs) to support users to assess the impact of an emerging policy, practice, or programme of work on underserved populations. Using these resources helps to identify issues of inequality in systems, practices, and processes, which should be considered during the development and implementation phases.

3. NHS England s.7A achievements and delivery of the requirements in 2023/24

Collaborative and partnership working between NHS teams (including the NHS cancer and diagnostic programmes, primary care, community and treatment services and commissioning teams), NHS Digital and Health Education England (HEE) (organisations now transferred to NHS England), UKHSA and OHID was critical to service recovery and delivery.

The key indicators monitored during the 2023/24 period are listed in Appendix A. The indicators use agreed standards as comparators. Screening and vaccination services have, where applicable, two targets for assessment – efficiency standard (lower threshold) and optimal performance standard (higher threshold) to allow for continuous improvement and to



enable providers and commissioners to identify where improvements are needed. The efficiency standard is the lowest level of performance services are expected to attain to assure patient safety and service effectiveness. All services should aspire to the optimal performance standard.

3.1 Immunisation programmes

Seasonal influenza

The 2023/24 annual flu vaccination programme played a vital role in helping to manage winter pressures whilst the NHS continued to recover from the impact of the COVID-19 pandemic. The programme successfully reached 18.8 million people, who received their vaccinations through various locations including GP surgeries, community pharmacies, schools and local outreach initiatives.

The programme continued to build upon good practice identified from previous years such as improving levels of co-administration of the flu and COVID-19 vaccines. Moreover, advances in information technology enabled a better understanding of vaccination uptake patterns within and across different communities.

National invitations and reminders were sent to families of 2–3-year-olds, using a combination of text messages, emails and letters to help improve information, increase demand and to supplement local invitation delivery by general practices for their registered populations.


Vaccine uptake continued to exceed the World Health Organization (WHO) vaccine target of 75%. Coverage fell slightly for people aged 65 and over (77.8% in 2023/24 from 79.9% in 2022/23) and for those aged 6 months to under 65 in a clinical risk group (41.4% in 2023/24 from 49.1% in 2022/23). However, coverage increased for 2 to 3-year-old children (44.4% in 2023/24 from 43.7% in 2022/23). ²

For the first time in the NHS school flu programme's history, all school aged children from reception to Year 11 became eligible for a flu vaccine. The total percentage of school-aged children (Reception to Year 11) vaccinated in 2023/24 was 49.9%, compared with 44.2% in 2022/23. ³

Childhood Vaccinations

² [Seasonal influenza vaccine uptake in GP patients in England: winter season 2023 to 2024 - GOV.UK](#)

³ [Seasonal influenza vaccine uptake in children of school age in England: winter season 2023 to 2024 - GOV.UK](#)



Fourteen routine child vaccinations continued to be delivered via general practice during 2023/24, with NHS England regional teams supporting general practices to ensure an offer to all eligible 0–5-year-olds. Uptake in all the routine childhood vaccinations, which are measured at either 1, 2 or 5 years of age, fell in 2023/24 showing a decrease between 0.1 and 1.0 percentage points, compared to 2022/23.

Whilst all vaccination coverage levels were below the 95% optimal threshold, some primary vaccinations evaluated at 12 months of age remained above the efficiency standard of 90%. This included MenB at 90.6%, however this was a decrease of 0.4% points compared to 2022/23 coverage, and DTaP/IPV/Hib/HepB course where 91.2% of children were reported to have completed their primary course of 3 doses of hexavalent vaccine at 12 months in 2023/24. However, this was a drop of 0.6% points from 2022/23.

Coverage was below the efficiency standard of 90% for Rotavirus, which fell slightly to 88.5%, a 0.2% point reduction from 2022/23. HibMenC and PCV boosters were also below 90% during 2023/24 when measured at 5 years and coverage of DTaP/IPV was 82.7%, which represents a decrease from 2022/23 of 0.6% points.

The targeted BCG vaccine is offered to identified newborns who are at increased risk of coming into contact with TB within the first year of life. BCG coverage by 3 months in 2023/24 was 75.5%, showing a significant increase of 6.7% points from 2022/23. BCG coverage by their first birthday was 82.5% in 2023/24.⁴


Measles, mumps and rubella (MMR) immunisation programme

NHS England continued to prioritise MMR and has further developed the national MMR improvement plan in 2023/24 following delivery of a range of key enablers to support local targeted action.

In 2023/24, 88.9% of children received their 1st dose of the MMR vaccine by their 2nd birthday, a decrease of 0.4% points from 2022/23. Additionally, 83.9% of children had received their 2nd dose of MMR vaccine (MMR2) by their 5th birthday, a slight decrease of 0.6 percentage points from the previous year.

Work progressed on improving vaccine awareness, access to vaccination, data quality, data reporting and on developing system oversight. MMR national call and recall was extended and delivered to targeted groups age 6-25 years. Between February and April 2024, NHS England sent over 1.8 million invite reminders (text, email and letter) to parents and carers of young people aged 6-11 years old who had missed at least one MMR vaccination.

⁴ [Childhood Vaccination Coverage Statistics, England, 2023-24 - NHS England Digital](#)



All NHS England regions have a current and active MMR improvement plan in place for operational use with identification of key work areas e.g. data, access and inequalities. All regional plans involved working in partnership with a range of stakeholders including local authorities and with providers such as health visiting, community and maternity services.

In January 2024, UKHSA declared a national incident after measles outbreaks were reported in the West Midlands, further outbreaks were reported in the North West and London regions. In response, NHS England supported several initiatives including a national childhood vaccination communications campaign, further targeted national and local call and recall, and targeted catch up in community venues and by mobile services. UKHSA reviewed national and regional/local catchup activity in 2023/24 and evaluated the measles response and reported that over 180,000 additional doses of MMR vaccinations were given during the evaluation period.⁵

School Aged Immunisations

In 2023/24 there was an increase in uptake across all three of the school aged programmes, HPV, Td/IPV and MenACWY. Alongside the routine cohorts (HPV school Year 8, Td/IPV and MenACWY, school Year 9) School Aged Immunisation Service (SAIS) teams have continued to catch up young people who missed their immunisations in previous years. This includes any missed doses of MMR.

In September 2023 the HPV programme moved from a two-dose schedule to one dose based on a JCVI recommendation. Performance data for 2023/24 shows that although HPV vaccination coverage remained below the 80% efficiency target at 72.9% in females and 67.7% in males, there had been an improvement of 1.6% points in females and 2.5% points in males from 2022/23 at Year 8.

Additionally, Td/IPV performance improved by 3.4% points for 2023/24 at 71.1%. A similar increase was seen with the MenACWY programme at 72.1%, 3.5% points higher than 2022/23.

Work continues to improve uptake for 2024/25 which includes closer working with Department for Education (DfE), UKHSA and DHSC to support immunisation in schools and reduce barriers relating to consent, sharing of information and access.⁶

⁵ [Evaluating the impact of national and regional measles catch-up activity on MMR vaccine coverage in England, 2023 to 2024 - GOV.UK](#)

⁶ [Human papillomavirus \(HPV\) vaccination coverage in adolescents in England: 2023 to 2024 - GOV.UK](#)



Adult routine vaccinations

Maternal pertussis

Vaccine coverage for pertussis was 58.6% in 2023/24, compared to 60.7% in 2022/23, with coverage by ICB ranging from 24.0% (North Central London, February 2024) to 83.1% (Derby and Derbyshire, January 2024).

The national team continued to work with all 7 regional teams to ensure more Trusts were signed up to deliver the maternal pertussis vaccine at the same time as the fetal anomaly scan to increase vaccine uptake.⁷

Shingles immunisation programme

In September 2023, Shingrix replaced Zostavax as the vaccine offered in the routine shingles immunisation programme, changing the offer from a one-dose to a two-dose programme, delivered via primary care. In addition, the cohort eligibility was expanded, inviting all severely immunosuppressed (SIS) people from 50 years of age with no upper aged limit, and immunocompetent people turning 65 and 70 years of age until their 80th birthday. For those who are immunocompetent, eligibility will continue to be expanded in a phased implementation to include those aged 60 and over by September 2033.

In line with all routine immunisation programmes, uptake of the shingles vaccine declined during the pandemic. Coverage (when measured at 80 years) has subsequently increased (83.3% in 2023/24 compared to 54.7% in 2020/21 in England). Cumulative increases in uptake are seen within the eligible cohort (70–79-year-olds) when coverage is measured at 80 years, however challenges remain in encouraging those who are eligible to accept an offer of vaccination on or shortly after they become eligible.⁸

Pneumococcal polysaccharide (PPV) immunisation programme

People aged 65 and over continue to be offered the PPV vaccine via their general practice. In 2023/24 coverage in those aged 65 and over was 73.1%, an increase of 1.3 percentage points compared with 2022/23. Coverage increased with age from 34.8% in those aged 65 to 85.3% in those aged 75 and over. Uptake in those aged 65 and over remains similar to previous years, with uptake increasing from 4.5% in 2022/23, to 4.8% in 2023/24.⁹

⁷ [Prenatal pertussis vaccination coverage in England from January to March 2024, and annual coverage for 2023 to 2024 - GOV.UK](#)

⁸ [NHSE QOF Outcomes Framework . Quality and Outcomes Framework, 2023-24 - NHS England Digital](#)

⁹ [Pneumococcal polysaccharide vaccine \(PPV\): coverage report, England, April 2023 to March 2024 - GOV.UK](#)
Please note: this report only includes data from one GP IT supplier, due to data quality issues



HPV immunisation programme for men who have sex with men

The HPV vaccine is available from specialist sexual health services (SHSs) and HIV clinics for gay, bisexual and other men who have sex with men (GBMSM) who are up to and including 45 years of age. In line with the change for the school HPV programme, the HPV vaccine programme changed from a 2-dose to a 1-dose schedule for GBMSM under 25 years old. Those over 25 years old up to and including 45 years will continue the 2-dose schedule.

Targeted mpox (monkeypox) immunisation programme

In May 2022, the WHO declared a public health emergency of international concern (PHEIC) for mpox clade II. It was found that the infection was spreading predominantly through sexual networks of GBMSM. An emergency targeted vaccination programme was therefore commissioned under s.7A focussing on vaccinating the GBMSM population deemed at risk, which continued into 2023/24. When the PHEIC was lifted in May 2023, NHS England stood down their national emergency response, continuing the provision of the mpox vaccine only in London and Greater Manchester based on epidemiology and evidence of clade II continuing to circulate.

3.2 Screening

NHS Antenatal and Newborn Screening (ANNB)


The three NHS antenatal and three NHS newborn screening programmes (ANNB) maintained good screening coverage throughout 2023/24.

During 2023/24 NHS England commissioned services which resulted in screening for around 550,000 babies for 15 conditions and around 620,000 pregnant women for 17 conditions: fetal anomaly screening including Down's syndrome, Edwards' syndrome, Patau's syndrome, 9 physical conditions and hepatitis B, HIV, syphilis, sickle cell disease and thalassaemia.

Coverage for antenatal screening remained at above the optimal standards set for each programme during 2023/24 – 95% for fetal anomaly screening coverage, and 99% for infectious diseases in pregnancy screening coverage and sickle cell and thalassemia screening coverage. Coverage across newborn screening programmes (newborn blood spot, newborn hearing, and newborn and infant physical examination) improved slightly from the 2022/23 position and remained above efficiency standards at around 97-98% coverage.

Non-invasive Prenatal Testing (NIPT) - In-Service Evaluation

On 1 June 2021, non-invasive prenatal testing was added to the NHS fetal anomaly screening programme (FASP) pathway for Down's syndrome, Edwards' syndrome and Patau's syndrome in England.



NIPT is an additional step in the screening pathway which offers a further maternal blood test to pregnant women whose initial NHS combined or quadruple screening test result shows that their chance of having a baby with one of these 3 conditions is greater than 1 in 150. Women who receive a higher chance result can now choose between no further testing, NIPT or prenatal diagnosis.

Following a recommendation from the UK National Screening Committee (UK NSC), NIPT was introduced into the screening programme as an 'evaluative roll-out' also known as an In-Service Evaluation (ISE). This requires carefully monitoring how it performs in the NHS in England so that the screening pathway and processes can be amended and improved where required and will enable test performance to be evaluated in practice. The evaluative rollout ran for the planned three years from June 2021 to May 2024.

The next report to the UK NSC will be via the FMCH (Fetal, Maternal and Child Health, UKNSC sub-committee) in spring 2025. Following full evaluation, the UK NSC may require further changes to NIPT screening within the NHS FASP pathway, but the NIPT pathway is an *a priori* full recommendation and therefore a permanent step in the FASP screening pathway.

NHS infectious diseases screening programme

The Integrated Screening Outcomes Surveillance Service (ISOSS) carries out the surveillance of pregnancies to women with HIV, hepatitis B and syphilis, their babies and other children diagnosed with HIV, hepatitis B and congenital syphilis in England as part of the NHS Infectious Diseases in Pregnancy Screening Programme (IDPS). Data analysed through ISOSS allows NHS England to assess the impact of the infectious diseases in pregnancy.

There was a slight rise in congenital syphilis – further review and monitoring continued throughout 2023/24 and into the next financial year.

NHS sickle cell and thalassemia (SCT) screening programme


The coverage for antenatal SCT screening has steadily increased since 2014 and is now near 100%.

The SCT screening programme has worked closely with national teams to strengthen the Sickle Cell Whole Life Pathway – a national NHS England initiative.

NHS newborn blood spot screening programme (NBS)

Severe combined immunodeficiency (SCID) In-Service Evaluation

The In-Service Evaluation on the introduction of Severe Combined Immuno-Deficiency (SCID) into the newborn blood spot screening programme went live in September 2021 offering screening to around 400,000 babies. SCID is a rare auto-immune condition that



affects approximately 15 babies per year. To ensure sufficient data for evaluation, the ISE was extended for a further 6 months to the end of February 2024. The final report is to be presented to the FMCH in April 2025, then to UKNSC November 2025 for review and recommendations for the future of screening for SCID.

Hereditary Tyrosinaemia Type 1

The UKNSC considered the case for newborn screening for Hereditary Tyrosinaemia Type 1 (HT1) in November 2022 and unanimously supported a recommendation in favour of screening. This recommendation was subsequently accepted by the Minister for Health and Secondary Care Health on 11 March 2024, announcing the decision to introduce newborn blood spot screening for HT1 in England.

Work to support the implementation of this additional condition commenced with expert sub-groups formed. A decision to prepare for laboratory validation of the use of a commercial assay kit to test for HT1 and the other 6 Inherited Metabolic Disorders was made - a move away from existing laboratory developed tests.

Spinal Muscular Atrophy screening

Preliminary scoping work for the In-Service Evaluation of Spinal Muscular Atrophy screening commenced following the UK NSC recommendation in **June 2023** that a new independent modelling study should be commissioned to test proposed new screening programmes by implementing them in NHS services.

NHS newborn hearing screening programme


Throughout 2023/24 NHSP continued to support the Chief Scientific Officer's Paediatric Hearing Services quality review with data and audiology expertise.

Young people and adult screening programmes

NHS Abdominal Aortic Aneurysm (AAA) screening programme

In 2023/24, 330,473 men were offered AAA screening. 82.1% of those men eligible conclusively tested within the screening year plus 2 months, an increase of 0.7% points on the previous year.

The incidence of AAA is more significant in the most deprived tenth of England's population. Men in this group are twice as likely to have an AAA compared with the least deprived decile.



Nationally for 2023/24, 74.2% of men in the eligible cohort who lived in a lower super output area (LSOA) classed as decile 1 to 3 in the English indices of deprivation (IoD) 2019, were tested.¹⁰ This contrasts with 81.9% for the overall cohort as listed in Appendix A.

New functionality has been developed within the national software system which enables local services to obtain targeted data to support work to reduce health inequalities.

NHS breast screening programme

In 2023/24, having overcome significant operational disruption due to the pandemic, the breast screening programme saw a return to routine activity levels. 2.55 million women were invited for breast screening during 2023/24. Of those, 1.75 million women who received an invitation were screened by the programme (excluding short term recalls or self-referrals). The number of first invitations increased in 2023/24 by 4.6% from 2022/23. The majority of first invitations were to those in the 50-52 years age group, up 10.2%.

Uptake of invitations by women aged 50-<71 increased to 70% in 2023/24, up from 64.6% in 2022/23, meeting the overall 70% efficiency standard threshold for coverage set by NHS England. Across England, 48 of 77 Breast Screening Units (BSU) reached the acceptable level of 70%, 29 BSUs more than in 2022-23.¹¹

By Quarter 4 2023/24, round length (appointment offered within 36 months of a previous screen) performance was at 95.9%, a considerable improvement on Quarter 4 2022/23 (73.5%), and notably above levels seen pre-pandemic. This standard has an acceptable threshold of 90% and an achievable threshold of 99%.¹²


During 2023/24 there was a focus on improving breast screening uptake and the development of a national improvement plan, to support local uptake plans and address variability rates across England. Three evaluations were commissioned in 2022/23, which focused on:

- Understanding the impact of different invitation methodologies with reference to factors such as age, previous screening history (attendance at first invitations/subsequent invites) and deprivation, to inform future national policy.
- Understanding the impact on screening uptake and the feasibility of processes to actively follow up women who have missed an appointment or not engaged with the programme.

¹⁰ Abdominal aortic aneurysm screening: standards report 2023 to 2024 - GOV.UK

¹¹ Breast Screening Programme, England, 2023-24 - NHS England Digital

¹² Q4 (1 Jan to 31 Mar 2024) ANNB and YPA screening KPI data - GOV.UK

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- Ascertaining the reasons why women do not attend breast screening. This was carried out via a survey to over 17,000 women, to address barriers to access.

In September 2023 it was identified that a significant number of women had not been referred into the NHS Breast Screening Programme very high risk (VHR) pathway following radiotherapy treatment involving breast tissue.¹³ NHS England stood up an incident management team and wrote to each woman eligible for VHR screening to explain the issue and to inform them of their eligibility depending on their individual circumstances.

NHS bowel cancer screening programme

In 2023/24, bowel cancer screening coverage for people aged 60-74 was 71.8% of all those eligible having received an adequate screen. This is down 0.2% points from 2022/23.¹⁴ In 2023/24 bowel screening uptake was 67.6%, a fall of 0.4% points from 2022/23.

The NHS England Bowel Cancer Screening Programme (BCSP) has continued to lower the age that people are offered a bowel cancer screening home testing kit with the aim of offering screening to all 50- to 74-year-olds by the end March 2025 as per the UKNSC recommendation.¹⁵ NHS England completed the roll-out to the 54-year-old cohort by March 2024 and 52- and 50-year-olds is due to be completed by spring 2025. This is a major milestone in saving more lives and is a key commitment in the NHS England Long Term Plan.

From July 2023, Lynch Syndrome 2 yearly colonoscopy surveillance was introduced into the Bowel Cancer Screening Programme to assess those at higher risk of developing bowel cancer.

The NHS Bowel Cancer Screening Programme (BCSP) has started an evaluated roll-out of a lower FIT threshold, this supports the aim of detecting more cancers earlier. Results of evaluation in early adopter sites are expected to be assessed later in FY 25/26.

New education and induction materials were produced to develop the underutilised screening practitioner role to support specialist screening practitioners and endoscopy nurses. NHS England continues to support the creation of additional screening capacity, with a focus on developing the endoscopy workforce.

¹³ [NHS England » Action required: Referrals into the very high risk breast screening programme](#)

¹⁴ [Bowel cancer screening standards data report 2023-24 - GOV.UK](#)

¹⁵ [Bowel cancer - UK National Screening Committee \(UK NSC\) - GOV.UK](#)



NHS cervical screening programme

In 2023/24, 5.12 million women and people with a cervix aged 25-64 were invited to participate in the NHS Cervical Screening Programme. As the routine recall intervals for the programme are set at 3 and 5 years (depending on the participant's age) it is expected that there will be natural fluctuations year on year in the number of individuals invited.

As of 31 March 2024, 74.3% of eligible people aged 50-64 years had attended for cervical screening within the last 5.5 years. For the younger cohort (those aged 25-49 years) 66.1% had attended for cervical screening within the last 3.5 years. Coverage for both age cohorts has now stabilised after a period of decline in recent years but remains below the 75% efficiency and 80% optimal standards¹⁶ which were set for the screening programme prior to the implementation of HPV primary screening.

Several factors have contributed to these attendance challenges. The population of the lower age cohort is growing faster, bringing more first-time invitees into the system who traditionally have lower participation rates. The lingering effects of the COVID-19 pandemic, which significantly disrupted screening services, continued to impact overall figures. Despite these challenges, there have been notable improvements in service delivery. Test result turnaround times have significantly improved, with 89% of people now receiving their results within two weeks – a substantial increase from the previous year of 9.5% points,¹⁷ and better than pre-pandemic performance. This improvement stems largely from the successful implementation of HPV primary screening and the consolidation of laboratory services into 8 current sites, improving stability in the screening laboratory element of the pathway.


The programme has responded to significant behavioural insight and stakeholder feedback and invitations, reminders and results letters have been updated. Changes included providing more information about HPV and adding information on how to access other preferred formats, such as easy read, braille, or email (for read aloud function).

A scoping and costing exercise to run a national pilot for text messaging was completed and has informed the strategy for digitalisation of communications within the programme which will utilise NHS Notify and the NHS App and is planned for implementation in 2025/26.

Following a public consultation, the UK National Screening Committee approved the use of Digital Histopathology in the Breast, Bowel Cancer and Cervical Screening programmes.

¹⁶ [Cervical Screening Programme, England - 2023-2024 \[NS\] - NHS England Digital](#)

¹⁷ [Cervical Screening Programme, England - 2023-2024 \[NS\] - NHS England Digital](#)



Cross programme guidance has been developed and distributed to support local providers of histopathology services who wish to implement Digital Histopathology for the reporting of screening cases.

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NHS England continued to deliver improvements and address inequalities in access to screening. For example, planning took place for the In-Service Evaluation of HPV self-sampling as a primary screening method. The findings from this In-Service Evaluation will be used to inform a UK National Screening Committee recommendation and it is expected that self-sampling could lead to an increase in choice for participants, reducing some of the barriers that prevent people from attending for screening, which can include availability of appointments, physical disability, and trauma. In addition, the updated leaflet for participants who feel anxious leaflet was published on 15 March 2024.

The NHS Cervical Screening Programme will cease or defer individuals from being invited for a number of reasons: informed choice (voluntary withdrawal), a best interests decision under the Mental Capacity Act, age (over 65), absence of cervix or undergoing radiotherapy.


Work continued to progress the development of the new Cervical Screening Management System (CSMS). CSMS will replace the current call and recall IT system for the NHS Cervical Screening Programme which sits on the NHAIS (National Health Application and Infrastructure Services) platform. CSMS will enable people registered with a gender marker other than female to be part of the call/recall programme (should they still have a cervix). Work commenced in 2023/24 on an opt-in process for transgender and non-binary people to ensure no-one eligible misses out the opportunity to be invited and participate.

The 2 cervical screening external quality assessment (EQA) schemes, including maintaining UK Accreditation Service (UKAS) accreditation for the gynaecological cytopathology EQA scheme, continue to be effectively delivered with positive feedback received from participants.

NHS diabetic eye screening programme

During 2023/24 over 2.52 million people with diabetes attended routine digital eye screening. At the end of 2023/24, uptake performance was at 80.8%¹⁸ - above the required efficiency standard of 75% and an increase from 79.1% in 2022/23.

¹⁸ [Annual \(April 2023 to March 2024\) ANNB and YPA Screening KPI Data - GOV.UK](#)



In 2023/24, NHS England successfully delivered extended screening intervals for eligible people (people with diabetes who have had 2 successive eye screens, showing no signs of diabetic retinopathy and at lower risk of diabetic retinopathy) to every 2 years instead of annually, following an evidence-based recommendation by the UK NSC¹⁹, in October 2023.

NHS targeted lung screening

The Targeted Lung Health Check programme continued to expand, having invited 25% of the current eligible population by March 2024. The programme has continued to update and improve its standard operating procedures and quality assurance approach in line with advice from its Expert Advisory Group which includes key members from OHID.

3.3 Additional functions


Screening Quality Assurance Service

The Screening Quality Assurance Service (SQAS) provided the following functions in 2023/24:

- Undertook analysis, audits and inspections to assess and assure the quality of screening programmes, with appropriate arrangements for timely internal sharing of quality assessments, to support learning and mitigating actions, and transparency, via published reports to ensure public confidence.
- Advised and supported the identification and appropriate management of screening safety incidents, including sharing lessons learned.
- Provided specialist public health, clinical and expert advice internally, and to commissioners and providers, on screening quality and safety matters.
- Closely supported commissioning and operational delivery, with the ability to escalate through a separate NHS England reporting line, or to the Care Quality Commission, if necessary.
- Supported a consistent delivery of high-quality screening pathways through the publication of evidence-based guidance and standards.

In 2023/24, SQAS continued to work with the NHS screening programmes and screening services across England, providing independent scrutiny and expert advice, on the quality and safety of the 11 national screening programmes. In addition, SQAS continued working with the NHS Targeted Lung Health Check programme and, in collaboration with OHID,

¹⁹ [Diabetic eye screening intervals extended for people at lowest risk - GOV.UK](https://www.gov.uk/government/news/diabetic-eye-screening-intervals-extended-for-people-at-lowest-risk)



supported the establishment of this programme through the provision of expert advice on the development of quality standards and quality assurance (QA) processes.

During 2023/24, the service:

- Provided nearly 3,000 technical and public health pieces of advice and guidance to screening providers and commissioners.
- Published lessons learned reports from screening incidents identified in 2023/24 and shared these with commissioners, and providers, to improve practice, safety and patient experience.
- Continued work to align the bespoke screening incident management processes with Patient Safety Incident Response Framework following its publication in August 2022.
- Implemented a quality improvement plan to streamline the management of frequently occurring screening safety incidents, to minimise the impact on workload across the system, whilst ensuring that patient safety is maintained and learning opportunities maximised.
- Delivered a total of 58 network, learning and education events across England for screening service providers, as well as screening professional and clinical advisors (SPCA), to share programme updates, guidance on changes to screening programmes and share learning and best practice observed through QA interventions.

SQAS delivered a total of 110 targeted quality reviews and QA visits during 2023/24 with 95% of the final visit reports published on target. Bespoke training events were held for chairs, SPCAs and QA staff to ensure the credibility of NHS England interventions. Evidence based recommendations are a tool utilised across SQAS to support providers in bridging the gap between their current screening delivery processes and the standards defined in the national specifications and related professional guidance.


During this period, SQAS supported providers to implement recommendations from visits, reviews, and incidents.

Digital Screening

Cervical Screening Management System

The development of the Cervical Screening Management System (CSMS), to replace the IT solution hosted on the obsolete NHAIS platform, continued, with a working system entering user testing in October 2023. Further development work was required following user testing, and this was completed by the end of March 2024. The CSMS successfully went live in June 2024.

Digital Screening: Strategic Programme



The Digital Transformation of Screening (DToS) programme was established to digitally transform NHS national screening services. This transformation will be enabled using modern digital and data approaches, such as user-centred design, to develop and implement a National Screening Platform, with digital and data capabilities and services. This will support all current and planned national screening programmes, replacing out-of-date technical and digital systems.

DToS objectives are:

- To improve screening programme coverage, including round length compliance and uptake, with a specific focus on disadvantaged communities with low rates of coverage.
- To improve efficiency and the experience of screening services for professionals (clinicians, managers and administrators) working within services, and to create the capacity to support improvement in coverage and uptake.
- To enable more flexible and rapid responses to UKNSC recommendations to change screening programmes and initiation of new screening programmes so screening in England can adapt to change efficiently and effectively.
- To reduce screening incidents, improve clinical safety, experience and accessibility standards for participants.
- To improve support for screening piloting, research and evaluation, including improving experience for secondary users (commissioners, academics), to maximise screening outcomes.

The programme started development work on the following new digital products:

- **Select:** Cohort Manager will identify people needing screening for all adult screening programmes and replace multiple separate IT tools and contracts.
- **Invite:** Digital Communications Manager and appointments will manage all communications with screening programme participants via the NHS Notify service, with letters used where a person cannot be reached on the NHS App or text. This will support people to manage their appointments.
- **Manage:** Screening Event Manager will modernise the management of screening events by capturing data and replacing multiple IT tools and contracts.
- **Analyse:** Business Intelligence and analytics platform will capture and provide access to all screening programme data to commissioners and services providers by replacing multiple IT tools and contracts.

The initial focus of the DToS programme remained the breast screening and diabetic eye screening programmes.



Child Health Information Services

In 2023/24 NHS England began work on the future strategic direction for CHIS. This included work to understand the current legal, contractual, IT and financial arrangements for CHIS, the variation, and stakeholder engagement to understand the issues and challenges with the current way CHIS operates. Work continues in 2024/25.

Through the CHIS strategy a full review of the contracting, costing, governance of the Personal Child Health Record (PCHR - the paper 'red book') started and is continuing.


In 2023/24 NHS England updated the national service specification. A decision was taken later in 2024 to not undertake a major review of the annexed technical specification, given the work on overall CHIS strategy, as the future strategic direction for CHIS, including purpose, was not yet determined.

NHS England also worked to address some of the operational issues it can affect centrally given CHIS is provided locally and consists of over 40 locally commissioned services.

4. Public health services for children and adults in secure and detained settings including sexual assault referral services

Health and Justice services continued to deliver on both national s.7A targets as well as unique indicators relevant to the population residing in prisons and prescribed places of detention (PPDs), including Immigration Removal Centres. This encompasses indicators on substance misuse services and infectious disease screening. NHS England directly commissions these unique services in PPDs to address health disparities experienced by this vulnerable population group.

Ensuring services continue to recover to pre-pandemic levels, particularly cancer and non-cancer screening programmes and routine immunisations, has been a priority. Health and Justice services recognise the importance of equivalence of care and remain committed to this by reviewing areas of best practice and identifying improved ways of working to support access and uptake. Work in the women's estate has been driven, continually, by the publication of the 2023 review of health and social care in women's prisons and meeting its recommendations. However, despite continued efforts, challenges around delivery in the secure estate increased in 2023/24 due to unprecedented numbers in the estates. This resulted in Gold Command meetings. Nationally, challenges remained in collating adequate data to provide assurance and there were pressures with a changing organisational landscape.



NHS England continued to work with OHID and HM Prison & Probation Service (HMPPS) to improve performance on measures in continuity of care of those leaving prisons. NHS England completed a review of the continuity of care from prison out to community focusing on driving up performance. Learning and best practices have been identified from the most improved prisons by highlighting what action they have taken, internally, to improve. The learning has been shared across the wider system to support improved uptake and engagement. NHS England continued to work with the local and 'National Drug Treatment Monitoring System' (NDTMS) teams to look at providing specific indicators for prisons to drive forward improvements.


RECONNECT continued to roll out across England in support of continuity of care for s.7A services for those leaving prisons and immigration removal centres.

For children and young people, specifically, twelve Framework for Integrated Care (Community) vanguards in England continued to provide psychologically informed capacity to other services to wrap around children with complex needs. This ensures children get the right support and earlier interventions in their pathways to enable better outcomes. There was a total of 7,753 referrals to vanguards from 1 April 2022 to 30 September 2024.

Sexual Assault Referral Centres (SARC) in England continued to provide access to all s.7A health interventions for everyone accessing a SARC. The assets from the national SARC awareness raising campaign from 2022 were refreshed and promoted during Sexual Abuse and Sexual Violence Awareness week. The original campaign helped to raise the profile of services and promote accessibility amongst under-represented populations and was complemented by workstreams aimed at addressing health inequalities, including via a sexual assault and abuse services (SAAS) Clinical Network. SARC services continued to operate in addition to the national roll out of enhanced mental health pathfinder sites aimed at responding to the needs of adult victims and survivors with complex mental health support requirements. SARCIP data fields are reviewed annually to ensure NHS England is collecting the most relevant data nationally.

Some key performance improvements were as follows:

- Regions worked with local screening hubs and other key partners and professionals, in the screening processes, to identify methods in which to support the pathways success.
- Extended pilot work relating to latent tuberculosis infection (LTBI) screening in PPDs in partnership with UKHSA. These supported an improvement in screening uptake in PPDs and release resource back to the community as well as work with the NHS targeted lung health check programme in prisons.
- Over the 2023/24 period there was a steady increase in the continuity of care engagement rate (the proportion of individuals referred for structured substance



misuse treatment upon release from prison, who successfully engaged in treatment within 21 days). For Quarter 4, the engagement rate was 50.3% (just under an 8% increase since the start of the financial year). This exceeded the efficiency standard for the first time in recent memory.

- Uptake for all blood-borne virus (BBV) testing (at reception) steadily increased through the financial year. HIV, Hep B and Hep C uptake at reception exceeded the optimal performance standard by Quarter 4, with 2 of the 3 exceeding this standard in Quarter 3.
- Ongoing work with the national NHS England Vaccinations and Screening Directorate, as part of work under the published Vaccination Strategy, that includes a vision for a flexible vaccination workforce.
- COVID-19 and Flu vaccinations were offered in alignment with community, including booster programmes.

5. Finance

The table below shows £1.639.2m of regional expenditure reported in 2023/24. This has been categorised against the specific programmes delivered through s.7A.

Total Section 7a expenditure (including COVID-19)	
Programme	2023/24 Regional Reported Expenditure
	£m
Abdominal Aortic Aneurysm	18.7
Antenatal and Newborn Screening	17.4
Bowel Screening	263.9
Breast Screening	212.1
Cervical Screening	79.8
Diabetic Eye Screening	110.3
Sub-Total Screening	702.1
Adult Immunisations	22.3
Childhood Immunisations	94.9
Flu Vaccination - Adult	343.6
Flu Vaccination - Children	60.3
Maternal Vaccinations	6.9
School Age Immunisations	55.4
Sub-Total Routine Vaccinations	583.4
Child Health Information Systems	53.4
Other (e.g. cross programme uptake)	32.0
Sub-Total Other	85.3
Total s7a (routine)	1,370.8
Covid Immunisation Programme (regional delivery)	268.4
Total s7a (routine + COVID)	1,639.2

Appendix A: Summary of Key Indicators 2023/24

No	PHOF Ref	S7a indicator	Efficiency	Optimal	Latest period	Latest period value	Previous period value	Significant change
Early Years Immunisation Programmes								
1	-	Pre-natal pertussis vaccine coverage (pregnant women)	50%	60%	2023-24	58.6%	60.7%	↓
2	D03e	Rotavirus vaccination coverage for 2 doses (1 year old)	90%	95%	2023-24	88.5%	88.7%	↓
3	D03d	Men B vaccination coverage (1 year old)	90%	95%	2023-24	90.6%	91.0%	↓
4	D03c	DTap / IPV / Hib / HepB vaccination coverage (1 year old)	90%	95%	2023-24	91.2%	91.8%	↓
5	D03f	PCV vaccination coverage (1 year old)	90%	95%	2023-24	93.2%	93.7%	↓
6	D03h	DTap / IPV / Hib / HepB vaccination coverage (2 years old)	90%	95%	2023-24	92.4%	92.6%	↓
7	D03m	Hib / Men C booster vaccination coverage (2 years old)	90%	95%	2023-24	88.6%	88.7%	→
8	D03k	PCV booster vaccination coverage (2 years old)	90%	95%	2023-24	88.2%	88.5%	↓
9	D03j	MMR vaccination coverage for one dose (2 years old)	90%	95%	2023-24	88.9%	89.3%	↓
10	D03i	Men B booster vaccination coverage (2 years old)	90%	95%	2023-24	87.3%	87.6%	↓
11	-	Hib / Men C booster vaccination coverage (5 years old)	90%	95%	2023-24	89.4%	90.4%	↓
12	D04b	MMR vaccination coverage for one dose (5 years old)	90%	95%	2023-24	91.9%	92.5%	↓
13	D04c	MMR vaccination coverage for 2 doses (5 years old)	90%	95%	2023-24	83.9%	84.5%	↓
14	-	DTaP-IPV-Hib / DTaP-IPV-Hib-Hep B vaccination coverage (5 years old)) ¹	90%	95%	2023-24	92.6%	93.2%	↓
15	D04a	DTaP / IPV booster vaccination coverage (5 years old)	90%	95%	2023-24	82.7%	83.3%	↓
Other Immunisation Programmes								
16	D04e	HPV vaccination coverage one dose (females, 12 to 13 years old) ²	80%	90%	2023-24	72.9%	71.3%	↑
17	D04e	HPV vaccination coverage one dose (males, 12 to 13 years old) ²	80%	90%	2023-24	67.7%	65.2%	↑
18	D04f	HPV vaccination coverage 2 doses (females, 13 to 14 years old) ^{2,3}	80%	90%	2022-23		62.9%	
19	D04f	HPV vaccination coverage 2 doses (males, 13 to 14 years old) ^{2,3}	80%	90%	2022-23		56.1%	
20	D04g	Men ACWY vaccination coverage (13 to 14 years old) ²	80%	90%	2023-24	72.1%	68.6%	↑
21	D06b	PPV vaccination coverage (aged 65 and over)*	65%	75%	2022-23		71.8%	
22i	D06c	Shingles vaccination coverage (routine cohort, 66 year olds) ^{2,4}	50%	60%				
22a)	D06c	Shingles vaccination coverage (routine cohort, 71 year olds) ^{2,4}	50%	60%				
22b)	-	Shingles vaccination coverage (mid-programme cohort, 75 year olds) ^{2,4}	75%	80%				



24	D03l	Flu vaccination coverage, children pre-school age, including those in risk groups ⁵	-	-	2023-24	44.4%	43.7%	↑
25	D04d	Flu vaccination coverage, children school age, including those in risk groups ^{5,6}	-	-	2023-24	49.9%	51.9%	↓
26	D05	Flu vaccination coverage, at risk individuals 6 months to under 65 years, including pregnant women ⁵	-	-	2023-24	41.4%	49.1%	↓
27	D06a	Flu vaccination coverage, aged 65 and over ⁵	-	-	2023-24	77.8%	79.9%	↓
Cancer and Adult Non-Cancer Screening Programmes								
28	C24a	Breast cancer screening 3-year coverage (age 53-70)	70%	80%	2023-24	70.0%	66.4%	↑
29a	C24b	Cervical cancer screening 3.5-year coverage (age 25-49)	75%	80%	2023-24	66.1%	65.8%	↑
29b	C24c	Cervical cancer screening 5.5-year coverage (age 50-64)	75%	80%	2023-24	74.3%	74.4%	↓
30	C24d	Bowel cancer screening 2.5-year coverage (age 60-74)	55%	60%	2023-24	71.8%	72.0%	↓
31	C24e	Abdominal aortic aneurysm screening coverage	75%	85%	2023-24	81.9%	78.4%	↑
32	C24f	Diabetic eye screening uptake	75%	85%	2023-24	80.8%	79.1%	↑
Antenatal and Newborn Screening Programmes								
33	C24g	Foetal anomaly screening (foetal anomaly ultrasound) coverage ⁷	95%	99%	2023-24	98.6%	98.8%	↓
34	C24h	Infectious diseases in pregnancy screening - HIV coverage ⁷	95%	99%	2023-24	99.8%	99.8%	→
35	C24i	Infectious diseases in pregnancy screening - Syphilis coverage ⁷	95%	99%	2023-24	99.8%	99.8%	→
36	C24j	Infectious diseases in pregnancy screening - Hepatitis B coverage ⁷	95%	99%	2023-24	99.8%	99.8%	→
37	C24k	Sickle cell and thalassaemia screening coverage ⁷	95%	99%	2023-24	99.8%	99.7%	↑
38	C24l	Newborn blood spot screening coverage ⁷	95%	99%	2023-24	97.3%	96.8%	↑
39	C24m	Newborn hearing screening coverage ⁷	98%	99.5%	2023-24	99.0%	98.5%	↑
40	C24n	Newborn and infant physical examination screening coverage ⁷	95%	97.5%	2023-24	96.1%	96.2%	

Notes

* 2023/24 not available.

¹ 2023/24: DTaP-IPV-Hib-Hep B vaccination coverage, 2022/23: DTaP-IPV-Hib coverage,

² Time period is the academic year.

³ These metrics were not applicable for 2023/24 as the vaccination is now single dose.

⁴ These metrics are new for 2023/24 and full coverage data for the new cohorts is not currently available.

⁵ The Public Health Functions Agreement did not set coverage standards for 2023/24 and instead set a 100% offer standard.

⁶ Eligible school age population is Reception to Year 11 in 2023/24 and Reception to Year 9 in 2022/23. As such, 2023/24 values are not directly comparable to 2022/23.

⁷ FingerTips data used for Antenatal and Newborn Screening coverage. Values may differ to those in the published annual KPI data.

