

Public Health:
Screening
External assurance report

Harrow Health &
Wellbeing Board Screening

June 2017

An introduction outlining the
services and our
partnership
requirements



Operating Model

From 'Immunisation and Screening National Delivery Framework & Local Operating Model', April 2013

- The Health and Social Care Act 2012 creates a new set of responsibilities for the delivery of public health services. In England, although the local leadership for improving and protecting the public's health will sit with local government, the reforms provide specific roles for the National Health Service England (NHS England) and Public Health England (PHE) for the commissioning and system leadership of the national screening and immunisation programmes.
- NHS England's Area Teams will commission these services. Specialist public health staff employed by PHE are embedded in these teams to provide accountability and leadership for the commissioning of the programmes and to provide system leadership.
- All the arrangements in the Immunisation and Screening National Delivery Framework and local operating framework are set in the context of accountability to Ministers and Parliament. This is set out in the agreements between the Department of Health (DH) and NHS England, especially the section 7A agreement on public health functions to be exercised the NHS England, and the partnership agreement between the NHS England and PHE.
- The national delivery framework and local operating model have been agreed jointly by DH, NHS England, local government and PHE. They set out how, after 1 April 2013, national, regional, and local operational and governance arrangements for national screening and immunisation programmes in England will be coordinated.
- Each of the partners (DH, NHS England, Local Government and PHE) has its own responsibilities for which it is accountable. The national delivery framework and local operating model sets out how effective co-ordination for national screening and immunisation programmes will operate, addressing coordination at all stages along the delivery chain – formulation of policy, implementation, delivery, monitoring, reporting and review
- The national delivery framework operationalises these agreements in relation to the roles of DH, NHS England, and PHE for national immunisation and screening programmes in England.
- The local operating model is a parallel document and sets out the local arrangements by which the NHS England, PHE and local government will work together to commission and provide system leadership for screening and immunisation services.

Scope of National Screening Programmes

Each year nationally approximately 11 million newborns and adults will be invited to participate in an NHS England commissioned screening programme

Antenatal and Newborn Screening Programmes

- NHS Fetal Anomaly Screening Programme
- NHS Infectious Diseases in Pregnancy Screening Programme
- NHS Newborn and Infant Physical Examination Programme
- NHS Newborn Blood Spot Screening Programme

- NHS Newborn Hearing Screening Programme
- NHS Sickle Cell and Thalassaemia Screening Programme

Adult Non-Cancer Screening Programmes:

- NHS Abdominal Aortic Aneurysm Screening Programme
- NHS Diabetic Eye Screening Programme

Cancer Screening Programmes:

- NHS Cervical Screening Programme
- NHS Breast Screening Programme
- NHS Bowel Cancer Screening Programme

Partnerships

- NHS England, through its Area Teams will be responsible for the commissioning of all National Immunisation and Screening Programmes described in Section 7A of the Mandate. In this capacity, NHS England will be accountable for ensuring that local providers of services will deliver against the national service specifications and meet agreed population uptake & coverage levels as specified in Public Health Outcome Indicators and KPIs. NHS England will be responsible for monitoring providers' performance and for supporting providers in delivering improvements in quality and changes in the programmes when required.
- PHE Specialist National Teams, in addition to the national role as has been described in the national framework, will support national professional networks for PHE embedded staff in Area Team Screening and Immunisation Teams.
- Local Authorities will provide independent scrutiny and challenge of the arrangements of NHS England, PHE and providers. This function may be carried out through agreed local mechanisms e.g. local programme boards for screening and immunisation programmes or using established health protection sub-committees of the Health and Wellbeing Boards.
- CCGs will have a duty of quality improvement and this extends to primary medical care services delivered by GP practices such as immunisation and screening services. As commissioners of treatment services that receive screen positive patients, CCGs will have a crucial role in commissioning pathways of care that effectively interface with screening services, have adequate capacity to treat screen positive patients and meet quality standards. CCGs will also hold the contracts for maternity services, which are providers of antenatal & newborn screening.

Cancer Screening

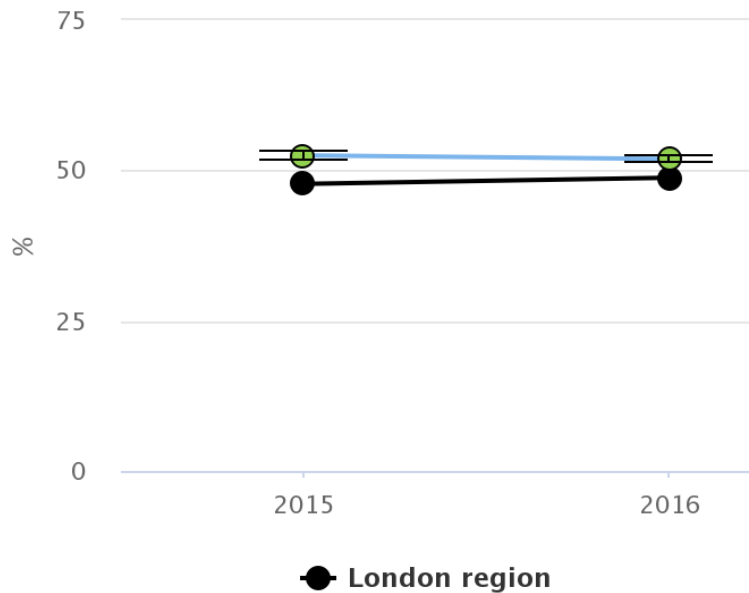


Bowel Cancer Screening

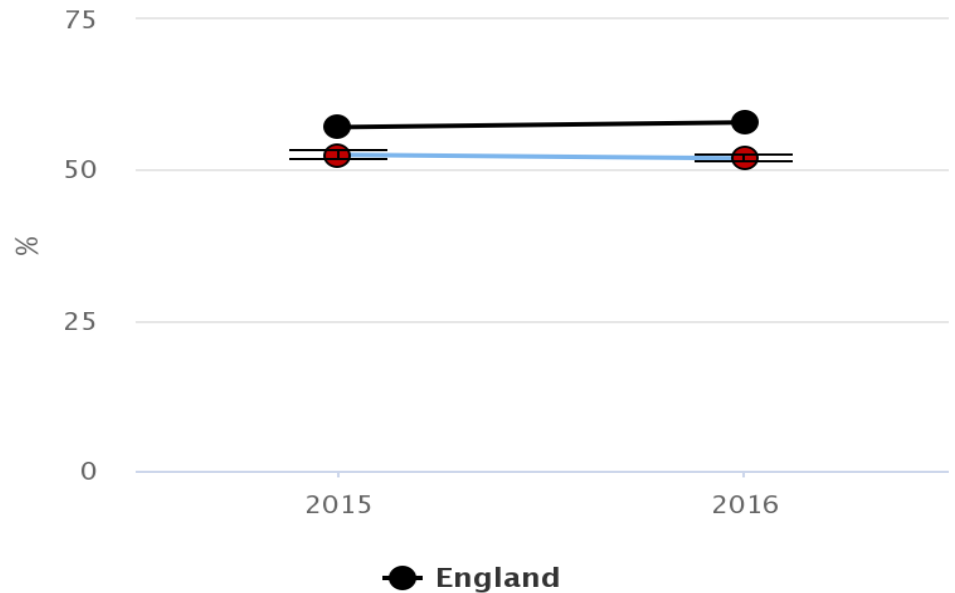
Describe the plan, trajectory, aim	Describe performance against plan, trajectory, aim
<p>Reduction in morbidity and mortality from bowel cancer through adequately screening a minimum of 52% of the eligible population. Men and women aged 60-74 years invited every two years. Coverage is the proportion of the eligible population screened within the last 2.5 years.</p> <p>For the Harrow population the commissioned provider for clinical bowel screening services (assessment and treatment) is London Northwest Healthcare NHS Trust. Administration and analysis of samples is also provided by North West London NHS Trust who are commissioned to deliver this service pan London.</p> <p>North West London Healthcare NHS Trust is also commissioned to provide one off bowel scope screening for all 55 year olds to the Harrow population in line with the national programme.</p>	<p>Latest published data for coverage demonstrates performance in Harrow is better than the London average but worse than the England average (see next slide). In 2016 coverage for Harrow was at 51.9% compared to 57.9% for England and 48.8% for London for the same time period.</p> <p>Bowel scope has been fully rolled out to the entire eligible Harrow population since xx. This compare with only 33% of the entire London population having access to this service by the end of Quarter 4 2017/18. There are currently no nationally agreed targets for bowel scope uptake or coverage as the programme is only part rolled out.</p>
Activities/impact since last report	Future Activities/Reviews
<p>London Northwest Healthcare NHS Trust has signed up to contractual quality improvement schemes to reduce the number of DNAs at assessment appointments and to improve participation rates in bowel scope screening.</p>	<p>Future activities: text reminders to non attenders; continuation of GP endorsement on invitation letters and enhanced reminder letters;</p>
Escalation for action/information	RAG rating
<p>None</p>	<p>Green</p>

Coverage 2015 and 2016

2.20iii - Cancer screening coverage - bowel cancer - Harrow



2.20iii - Cancer screening coverage - bowel cancer - Harrow

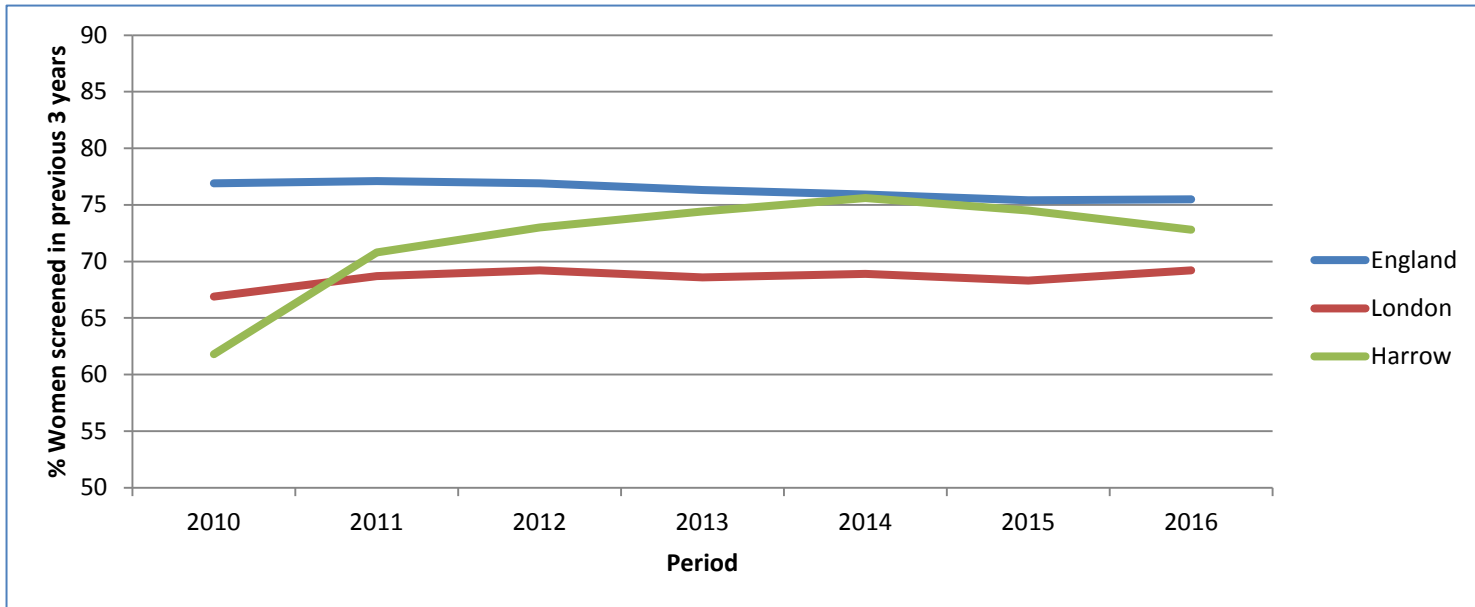


Source: Health and Social Care Information Centre (Open Exeter)/Public Health England

Breast Screening

Aim	Performance See slide 26 for data illustrations
<p>To reduce morbidity and mortality caused by breast cancer through adequately screening a minimum of 70% of the eligible population. Women aged 50 – 70 years old are invited every three years.</p> <p>For the Harrow population the commissioned provider for clinical breast screening services is the North London Breast Screening Service hosted by the Royal Free NHS Trust. Administration is provided by the London Hub (Royal Free NHS Trust)..</p>	<p>Harrow CCG meets the national standard for breast screening coverage (70% of eligible population screened within the previous 36 months). Coverage as at November 2016 in Harrow CCG was 70.78% (PHOF), higher than the NWL and London averages but lower than the national average of 58.82%</p> <p>Twelve practices within the borough achieved the national target, while 14 practices achieved less than 60% (10% below target)</p>
Activities/impact since last report	Future Activities/Reviews
<ul style="list-style-type: none"> - Since early 2015 work has been continuing on procuring and mobilising a new service delivery model with a focus primarily on maintaining business as usual. - All breast screening administration now transferred to the London Administration Hub: to standardise process and practices including but not limited to round-planning and Quality Management Systems. - CQINs: Every Contact Counts – promoting all screening programmes throughout NHSE public health commissioned services. Impact is unknown though a 1-3% increase, coupled with other promotional activities and standardised practice, could be realised. 	<ul style="list-style-type: none"> - London Hub Website (Phase 1) - Communication and Health Promotion Strategies: Identifying stakeholders and new ways of working together (practice, CCG, STP level) to improve women's experience's, service performance and health outcomes - London-wide GP Information Pack: sent to all practices 6 weeks prior to women being invited (Health promotion)
Escalation for action/information	RAG rating
None	<ul style="list-style-type: none"> - Current RAG rating 'Green'

Breast screening Coverage 2010 – 20016

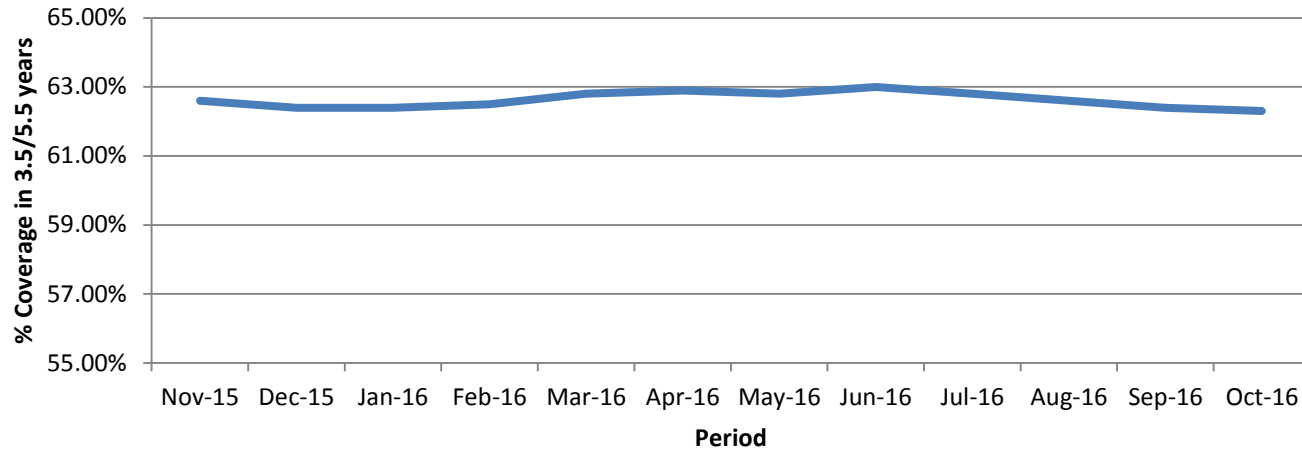


	2010	2011	2012	2013	2014	2015	2016
England	76.9	77.1	76.9	76.3	75.9	75.4	75.5
London	66.9	68.7	69.2	68.6	68.9	68.3	69.2
Harrow	61.8	70.8	73	74.4	75.6	74.5	72.8
Lower CI	61.1	70.2	72.4	73.9	75	73.9	72.3
Upper CI	62.4	71.3	73.5	75	76.1	75	73.4
Count	13,675	15,905	16,738	17,532	17,876	18,120	18,069

Cervical Cancer Screening

Aim	(65%)
<p>The cervical cancer screening programme screens women aged 25-49 years every 3 years and women aged 50-64 every 5 years.</p> <p>For Harrow populations the call / recall function is managed centrally by Primary Care Support England (PCSE) and women are invited to attend their GP surgery for a cervical cancer screen. Laboratory and colposcopy services for Harrow patients are provided by Northwick Park.</p>	<p>Harrow is consistently below the national and London standard for screening coverage at 62.3%.</p> <p>Performance in Harrow ranges from 54.6% in Headstone Lane Medical Practice to 100% at the Brent and Harrow Safe Haven Unit. A full breakdown of practice performance is provided on the next slide.</p>
Activities/impact since last report	Future Activities/Reviews
<ul style="list-style-type: none"> - Centralised call /recall transferred to PCSE (Capita) from local screening managers, transition issues and a backlog on adding GP newly registered patient uploads may have had an adverse impact on coverage. - Funding and service specification for pan-London GP endorsed text reminder service approved, evidence shows text reminders can improve uptake by up to 6%. - Link with Jo's Trust cervical cancer screening roadshows to improve uptake. - Commissioner primary care working with practice staff around sample taker training and competence. 	<ul style="list-style-type: none"> - Roll out of GP-endorsed text reminder project to at least 80% of all London general practices. - Improving screening pathways for forensic inpatient units. - Specific focus on people living with serious mental illness to improve screening rates among this population, evidence shows people with mental illness are three times more likely to die once they receive a cancer diagnosis and late presentation is a key factor.
Escalation for action/information	RAG rating
<p>TATs for all CCGs has declined due to increased workload meaning women are waiting longer for results. This is worsened by shortage of cytoscreeners due to planned introduction of HPV primary screening and consequent reduction in cytology workload. Conversion of some work to HPV primary screening early to reduce backlog planned. Introduction of HPV primary screening for all by April 2019</p> <p>Potential courier issues leading to lost samples between TDL and North Mid being investigated.</p>	<ul style="list-style-type: none"> - Current RAG rating 'RED' <p>Local Authority, CCG and Practice Performance Dashboards can be accessed at:</p> <p>http://digital.nhs.uk/pubs/cervical_screen_coverage_quarterly</p>

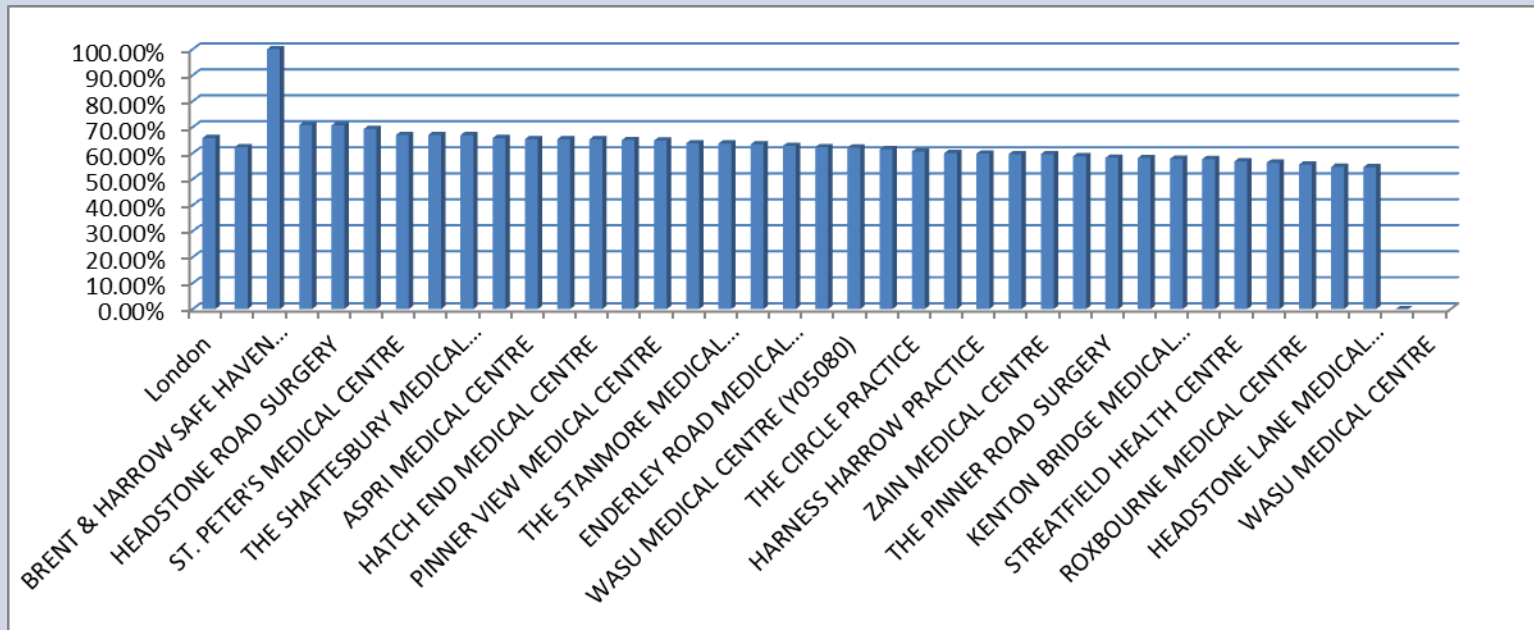
Cervical Screening Coverage



	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16
NHS HARROW C	62.60%	62.40%	62.40%	62.50%	62.80%	62.90%	62.80%	63.00%	62.80%	62.60%	62.40%	62.30%

Coverage by Practice: Harrow CCG

Coverage by General Practice (November 2016)



Data available on request

Area	Report name	Detail	Frequency
Screening & Imms	SAM (Section 7a Assurance Meeting) Report	S7a Public Health report with latest published data for indicators covered in the S7a Framework, used for the quarterly S7a assurance meetings	Quarterly
	Local Authority Assurance Dashboard	Dashboard bringing together the published data for immunisations, screening and cancer screening programmes to provide assurance for Local Authorities	Every 1-2 months
	CCG and Practice Profile Tool	Provides DCO, CCG and GP practice level data for cancer screening, PHE immunisation and Unify immunisation data, with timeseries, interactive views and comparison to similar CCGs.	Quarterly
Cancer screening	Cancer Screening Coverage and Uptake	Breast, bowel and cervical screening uptake/coverage with: - 12 month rolling timeseries - gap of number of people needing to be screening to meet the standard (by CCG and practice level)	Monthly (16th of month)
	Cancer Screening 62 Day Waiting Times	Performance against the 62 day waiting times target for treatment after referral from breast/bowel/cervical cancer screening programme, by provider.	Monthly (2nd Thursday of month)
	Cervical Screening Turnaround Times	Cervical cancer turnaround times for screening test results (KPI # CS4a) with 12 month rolling timeseries	Monthly
	Bowel Scope Screening	National bowel scope screening uptake, activity and percentage requiring colonoscopy, including provider performance against trajectories	Monthly
	Breast Screening KPIs	Summary of monthly and quarterly breast screening KPI data measures, by screening centre	Monthly / Quarterly
	Bowel Screening KPIs	Summary of monthly and quarterly bowel screening KPI data measures, by screening centre (note: quarterly data is London region only until national data received)	Monthly / Quarterly
	Cervical Screening KPIs	Summary of quarterly cervical screening KPI data measures, by local authority (coverage data) and screening centre	Quarterly
Screening	Screening KPI Dashboard - Non Confidential	Provides a high level overview of the quality of screening programmes at key points on the screening pathway. Covers: - Antenatal and newborn screening KPIs (ANNB) - Abdominal aortic aneurysm screening KPIs (AAA) - Diabetic eye screening KPIs (DESP)	Quarterly
	Screening KPI Dashboard - Confidential	Same as non confidential dashboard above, but includes KPIs with small numbers that are suppressed in published data	Quarterly



Adult and young person's
screening programmes (non
cancer)



Abdominal Aortic
Aneurysm Screening

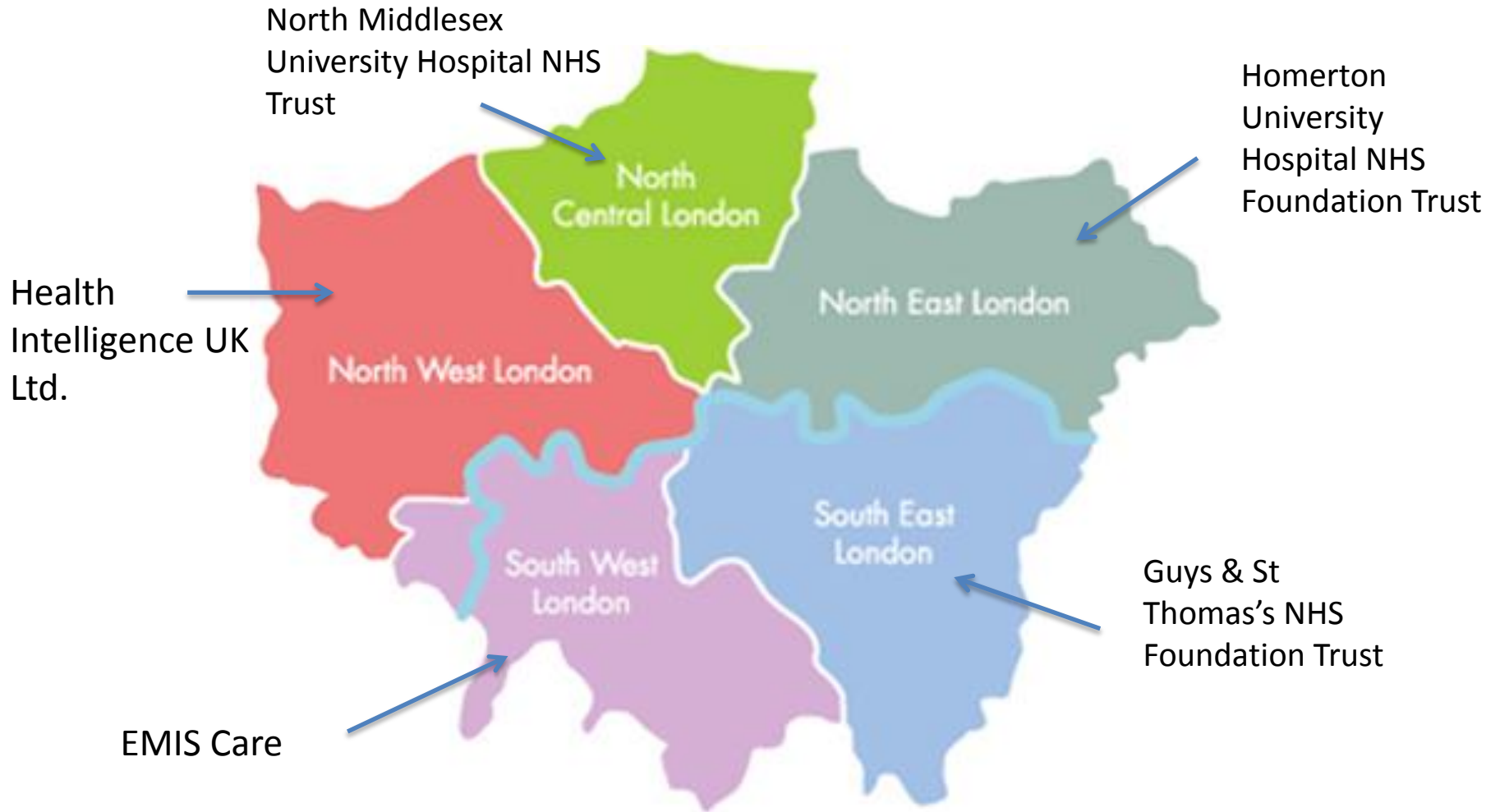


Diabetic Eye Screening



Diabetic Eye Screening

Service Provision – Programme Geography: Diabetic Eye Screening (DES)



Diabetic Eye Screening Programme

Exceptions

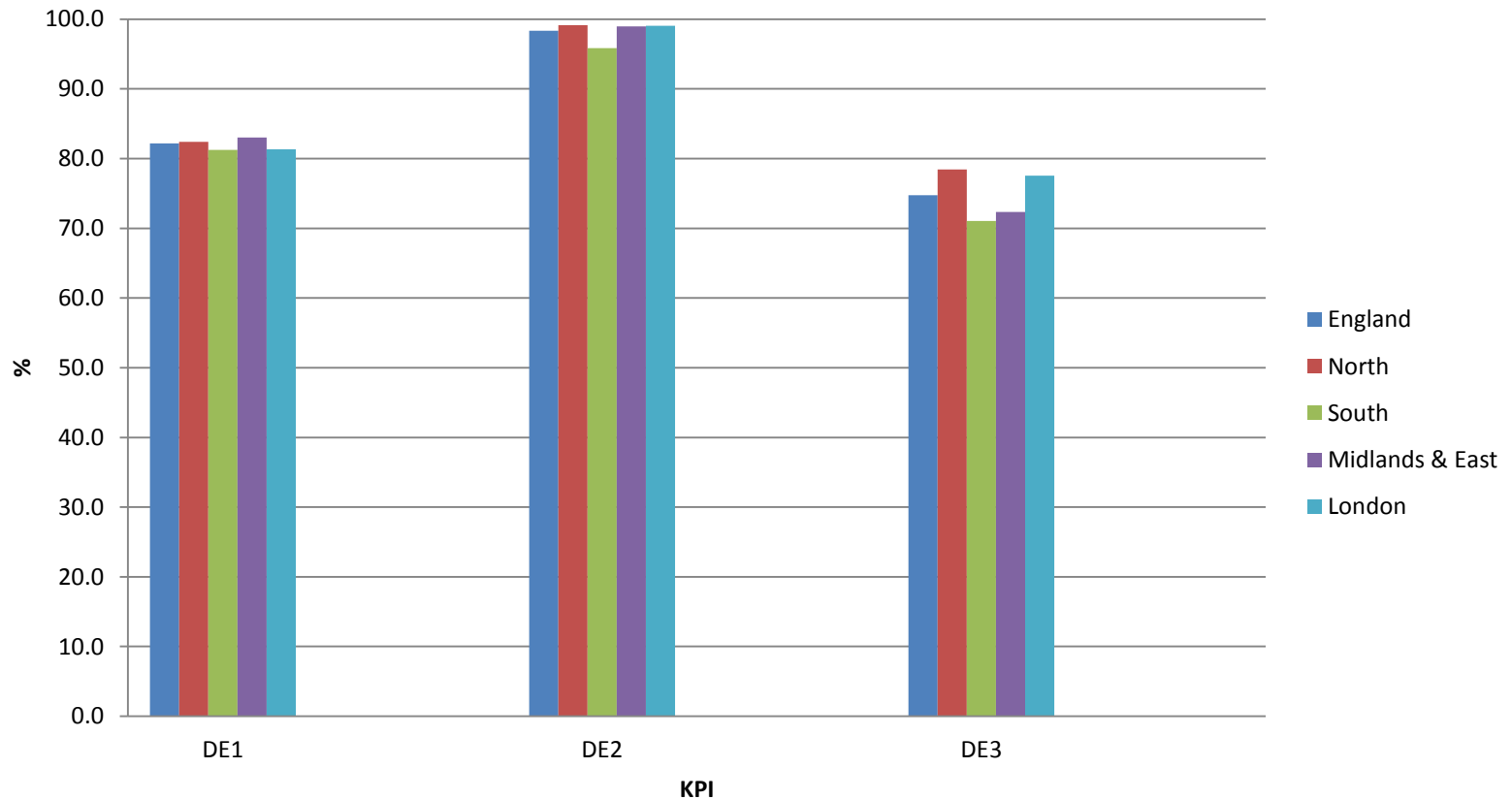
Exceptions	Improvement Actions
<p>Borough is meeting the achievable standard for screening uptake Concern about the time taken to assess and treat screen detected abnormality</p>	<p>Programme audit schedule plans include a Did not Attend (DNA) audit, to ascertain why people do not attend when invited, during 2017/18 to try to improve this further</p>
Activities/impact since last report	Actions Required
<ul style="list-style-type: none"> All GP practices have signed up and participating in monthly data extraction to ensure we know about every person living with diabetes in the borough GPs uptake ranges from 79 - 92.5%. Average participation in annual screening, by GP practice, is 85.5% 	<p>Linked treatment centre: Moorfields Northwick Park site, patients incurring delay to consultation following referral, due to 'severe capacity issues' Escalated through Programme Board to local CCG commissioner</p>
Escalation for action/information	RAG rating
<p>Timely assessment for treatment needs improving. NHS England commissioners leading transformation agenda for low risk patients with screen-detected retinopathy as part of 2017/18 CQUIN, reducing the referral rate from DESP to hospital by up to 80%</p>	<p>Amber/Green</p>

DES Key Performance Indicators: Descriptors

KPI	Description	Minimum Standard (%)	Achievable Standard (%)
DE1	Uptake of routine digital screening event	≥ 70.0%	≥ 80.0%
DE2	Results issued within 3 weeks of screening	≥ 70.0%	≥ 95.0%
DE3	Timely assessment for R3A screen positive		≥ 80.0%

Key Performance Indicators (National): DES

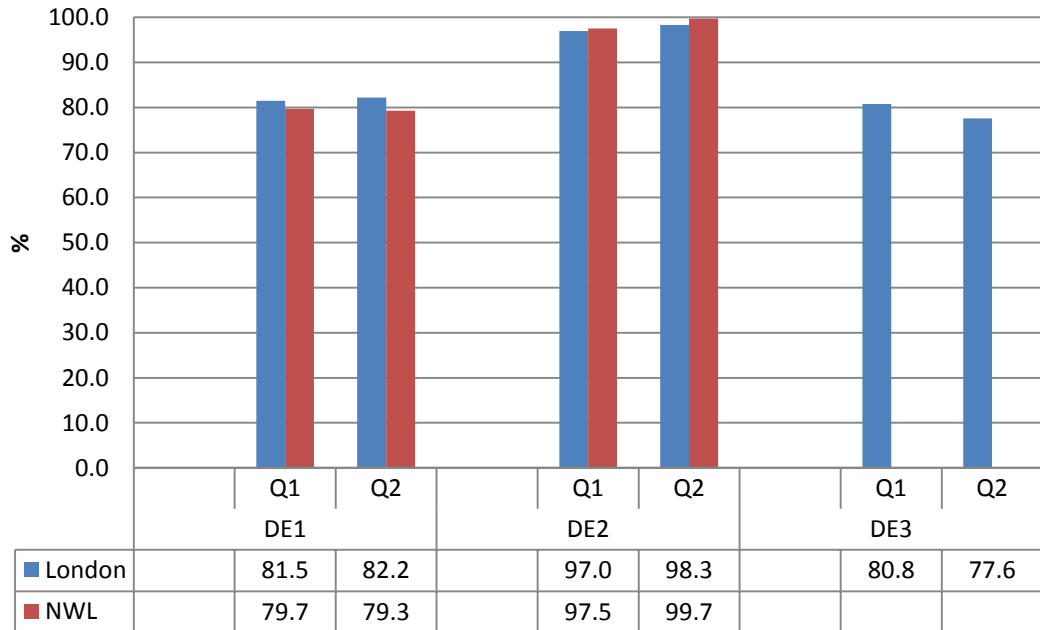
Diabetic Eye Screening KPI performance (Q2 2016/17) - NHS England region



Key Performance Indicators (London): DES

- In 2015/16, a national project ran to standardise the delivery of the screening pathway and the methodology for reporting
- As such accurate, validated performance data is only available for quarters 1 & 2 or 2016/17
- Prior to this, NHSE commissioners were discharging their responsibilities through local multi-disciplinary performance boards, ensuring national KPIs and quality standards were being adhered to, in order to receive the assurance required.

DES KPI data: London & North West London



- The National Diabetic Eye Screening programme advised against sharing of locally produced performance data until the common pathway had been fully rolled out, due to lack of data quality assurance processes
- Q4 data was published but has since been recognised as containing major flaws, caused by database issues during the period of merger, following London procurement

Harrow: Summary of External Quality Assurance visit, 2017

In February 2017, Public Health England’s (PHE) Quality Assurance (QA) team undertook a formal quality assurance visit and assessment of the North West London Diabetic Eye Screening Programme (NWL DESP). The visit is peer led and reviews the quality of the service in accordance with both national Key performance indicators and the nationally defined quality assurance standards.

As a result of the visit, 17 recommendations were made. An action plan has been developed to ensure each recommendation is addressed and commissioners will hold the Provider to account for delivering the described actions, in full and to time.

Visit highlights

Areas of good practice	Opportunities for improvement (themes)
Enthusiasm and commitment of all parties during a period of major change which led to the successful mobilisation of a new service	Ensure clinical and programme governance is clearly documented, both within the Provider organisation but also across linked Providers
Recognition of strengths and weaknesses by the service provider and co-working with the commissioners to develop and improve the service	Ensure failsafe responsibilities are up to date and documented in both a policy and within memorandum’s of understanding, where pathways cross organisational boundaries
effective organisational structure with a clear local identity	Formalise audit plans and strategies for improving access and uptake
innovative approaches such as the failsafe model	Review policies for management of populations in specific ‘sub-groups- (e.g. those in secure settings and pregnant patients)
good engagement from the hospital eye service leads	Risk assessments to ne undertaken for some elements of service infrastructure (e.g. suitability of grading facilities)



Abdominal Aortic Aneurysm Screening

Abdominal Aortic Aneurysm Programme Exceptions

Exceptions	Improvement Actions
<p>While uptake is anticipated to fall across NWL for 2017/18, by approximately 10%. Harrow is expected to improve its uptake rate.</p>	<p>Harrow is a part of the London wide re-procurement of AAA services</p>
Activities/impact since last report	Actions Required
<p>In 2016/17, significant gains were made due to a programme of promotional work that was deemed excessive and outside of the scope of the NAAASP, by the national team. Consequently a return to 2015/16 performance is anticipated</p>	<p>Further actions considered to strengthen uptake and increase participation in the programme following the re-procurement of the service</p>
Escalation for action/information	RAG rating
<p>Confirmed full year uptake data will be available in September 2017</p> <p>Practice level uptake performance in Harrow currently ranges from 62.5 to 100% Average GP practice uptake rate in 2016/17 was 70.67%. Despite trends elsewhere in NWL, uptake in Harrow has improved in 2017/18 and is forecast to close at approx. 79%</p>	<p>Amber</p>

Service Provision – Programme Geography: AAA

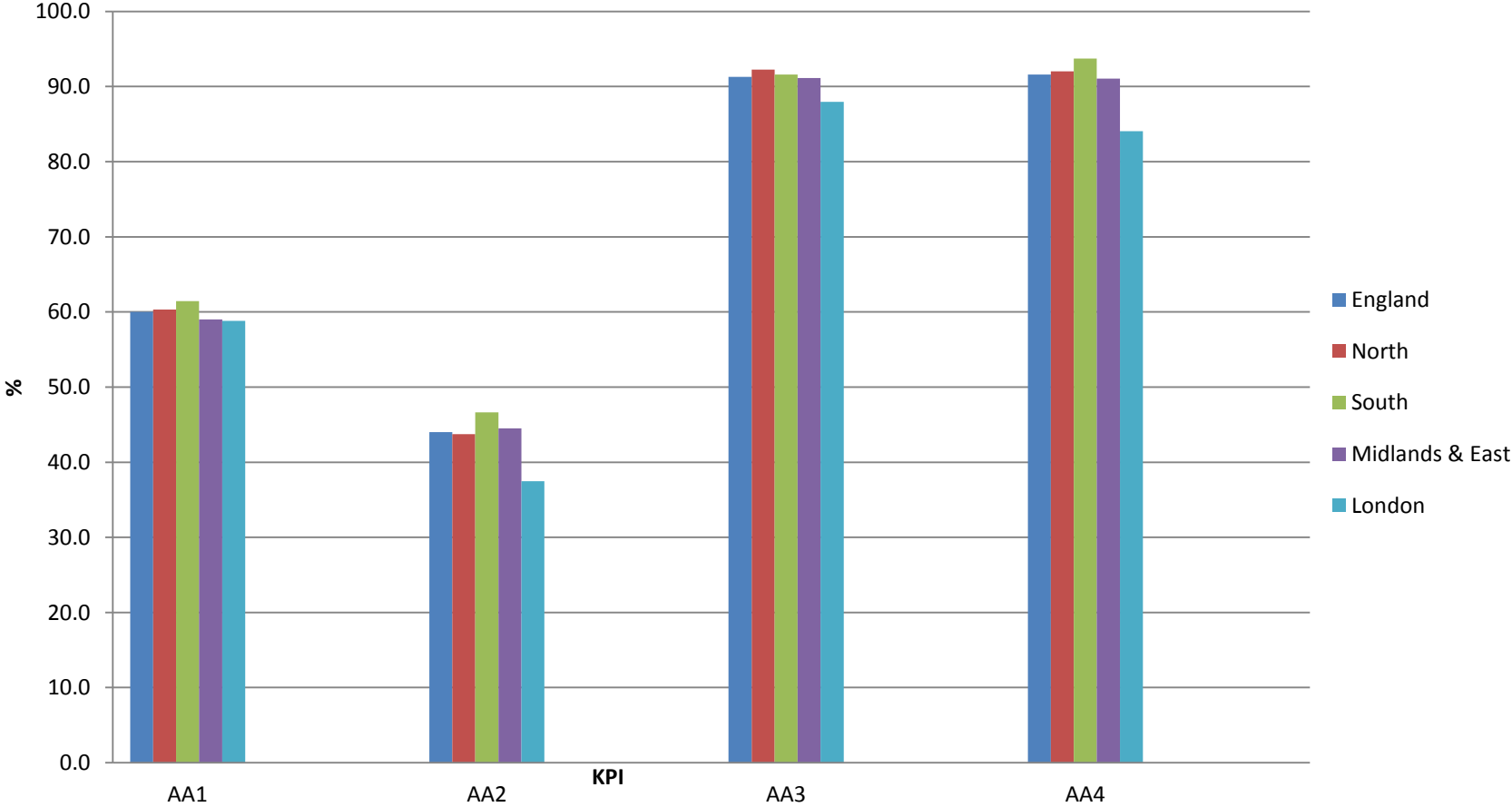


AAA Key Performance Indicators: Descriptors

KPI	Description	Acceptable Standard (%)	Achievable Standard (%)
AA1	Completeness of offer	45	50
AA2	Coverage of initial screen	38	42
AA3	Coverage of annual surveillance screen	85	95
AA4	Coverage of quarterly surveillance screen	85	95

Key Performance Indicators (National): AAA

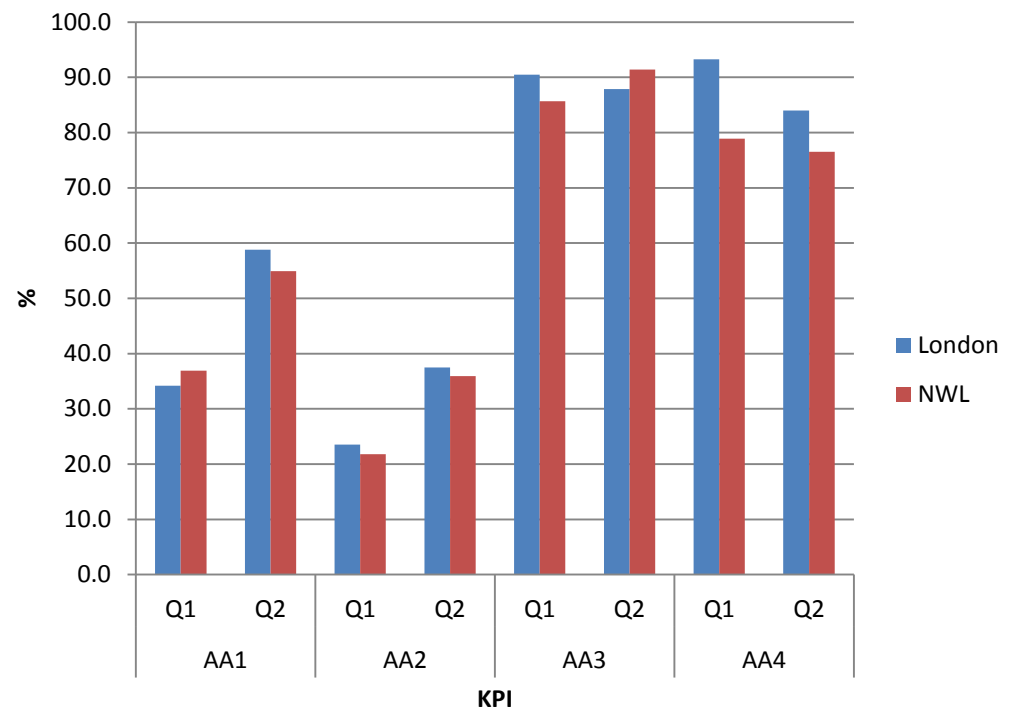
AAA KPI Performance national: Q2 2016/17



Key Performance Indicators (London): DES

- National AAA Screening Programme (NAAASP) introduced 3 new KPIs from Q1 2016/17. Only 2 quarters of currently reported KPI indicators is available
- AAA is a one off screen for the majority of the population, as such performance is measured cumulatively, throughout the year (see AA1 and 2)
- Attendance at surveillance appointments falls below achievable standard for reported periods available. As result:
 - Screening office now call every man before appointment as a reminder
 - If they fail to attend, the Vascular Surgeon and Clinical Director write directly to each man and their GP, urging them to attend when invited
 - As a result, performance is improving against these two KPIs

KPI performance London& NW London



Antenatal and Newborn
Screening programmes



ANNB Screening Programmes

There are six Antenatal and Newborn (ANNB) screening programmes, screening for a total of 30 conditions:



Foetal Anomaly Screening Programme (FASP, includes Down's Syndrome, Edwards' Syndrome and Patau's Syndrome screening)



Infectious Diseases in Pregnancy Screening Programme (IDPS)



Newborn and Infant Physical Examination Screening Programme (NIPE)



Newborn Bloodspot Screening Programme (NBBS)



Newborn Hearing Screening Programme (NHSP)



Sickle Cell and Thalassaemia Screening Programme (SCT)

Commissioning arrangements for ANNB Screening

- Most elements of ANNB screening programmes are funded wholly or partly within the Maternity Pathway Payment (MPP) and contracts are within CCGs and CSU contracts with local providers. Some programme elements are sub-contracted by maternity units.
- NHSE directly commission newborn bloodspot laboratory services in London with samples from the Harrow population being sent to Great Ormond Street Laboratory
- Quarterly ANNB Screening Performance and Quality Programme Boards are held, aligned with STP footprints. The scope of these boards are developing to include antenatal and newborn immunisations.
- The next North West London Board is to be held 22nd June 2017 between 1pm and 3pm

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ANNB Programme Exceptions

Exceptions	Improvement Actions
<p>ST2: London North West Healthcare NHS Trust has improved their performance with this indicator, although they do not yet meet the acceptable standard.</p> <p>ID2: Due to small numbers there is greater variation in performance in this KPI</p> <p>NB1 / NB4: Data quality and completeness has generally improved over the last 4 quarters</p> <p>NP1 / NP2: LNWHT has been unable to provide data for this KPI</p>	<p>ST2: Improvement plans have been requested and trajectories for Improving Performance in this KPI have been set for 2017-18, these will be monitored via the NWL programme Board</p> <p>ID2: The common theme for reduced performance is non attendance at appointments and NHS E L is working with providers to produce detailed exception reporting to further understand this in order to improve performance</p> <p>NB1 / NB4: NHS E L worked with LNWHT CHRD to improve understanding of KPI definitions and detailed exception reporting in order to account for 100% of the eligible population. The eligible population for Harrow will be reported on from Q1 2017-18 by the recently implemented NWL CHIS Hub and quality of data is expected to improve</p> <p>NP2: Reporting the NIPE KPIs is now mandatory, and overall for England there is now 90.3% completeness of reporting. These are new indicators and data quality is improving.</p>
Activities/impact since last report	Actions Required
<p>NB2: LNWHT performs consistently within this indicator and has achieved the acceptable level for the last 4 quarters. This is a challenging KPI as although reported by maternity includes the avoidable repeats sample data for eligible babies up to 1 years of age and therefore is impacted by quality of those samples taken in other services.</p>	<p>NHS E L ANNB commissioning team is planning to undertake some Pan London work reviewing the NBBS pathway for older babies and those who move into London and will work with commissioning colleagues and those providing care to ensure they have robust pathways in place for this cohort of babies in line with standards and service specifications for newborn screening</p>
Escalation for action/information	RAG rating
<p>The most common ANNB screening incident theme in Harrow has been related to the pathway for repeating NBBS samples in older babies (>28 days – 1 year of age). These are minor in terms of impact but have been repetitive. LNWHT did hold a task and finish group to address this and developed a joint SOP between maternity and community services for the NBBS programme however Health visiting services are now undergoing procurement.</p>	<p>Current RAG rating:</p> <ul style="list-style-type: none"> Green – high confidence in improvement – please see above planned work for the older baby pathway.

Data: ANNB KPIs

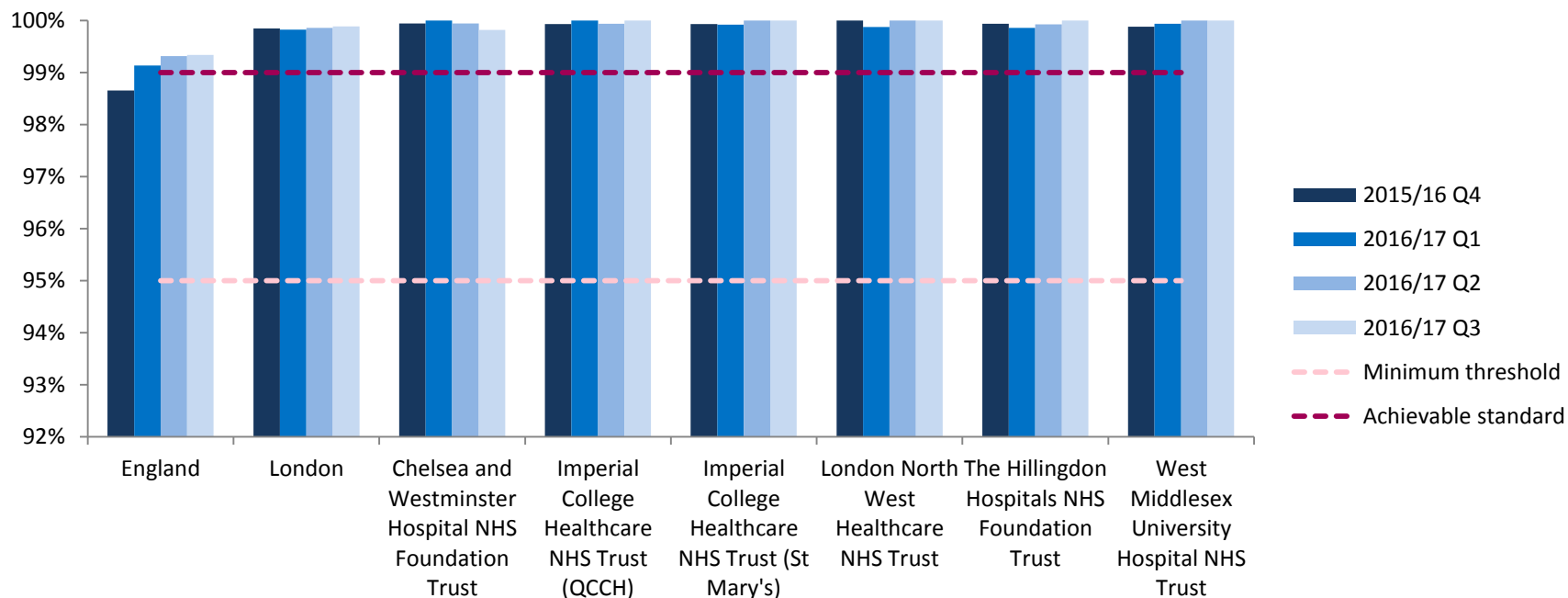
About	This is an overview of the data for 13 ANNB KPIs for the five London STPs, at provider level. Regional and national summary data is also provided for comparison.					
Latest update	Quarterly data for 4 quarters up to 2016/17 Q3 (produced 31 May 2017)					
Data source	<p>PHE Screening</p> <p>All KPI data has been submitted by local services via the regional Screening Quality Assurance Service (SQAS)</p> <p>Aggregated totals have been calculated by the National Screening Data and Information Team, PHE Screening</p>					
Data sharing	<p style="color: red;">This data is covered by the Memorandum of Understanding between PHE and NHSE. Data can be shared for management purposes only, for the enhancement of NHS screening programmes. MUST NOT be put in the public domain (this includes communications and minutes of meetings that may end up in the public domain).</p>					
Data caveats	<p>Prior to Q1 2016/17 data for Imperial College Healthcare Trust (QCCH) and Imperial College Healthcare Trust (St Mary's) were reported together as Imperial College Healthcare Trust. For this reason, KPI data for QCCH is identical to that for St Mary's prior to this point. (See "Provider Changes" below.)</p>					
Provider changes	<p>Changes to providers from Q1 2016/17:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;">Old code and unit name</td> <td style="width: 50%; vertical-align: top;">New code and unit name</td> </tr> <tr> <td style="vertical-align: top;">RYJ - Imperial College Healthcare NHS Trust</td> <td style="vertical-align: top;"> RYJ - Imperial College Healthcare NHS Trust (QCCH) RYJ - Imperial College Healthcare NHS Trust (St Mary's) </td> </tr> </table>		Old code and unit name	New code and unit name	RYJ - Imperial College Healthcare NHS Trust	RYJ - Imperial College Healthcare NHS Trust (QCCH) RYJ - Imperial College Healthcare NHS Trust (St Mary's)
Old code and unit name	New code and unit name					
RYJ - Imperial College Healthcare NHS Trust	RYJ - Imperial College Healthcare NHS Trust (QCCH) RYJ - Imperial College Healthcare NHS Trust (St Mary's)					

Further information

Minimum threshold	<p>Minimum level of performance which programmes are expected to attain to ensure patient safety and programme effectiveness. Programmes not meeting the minimum standard are expected to implement recovery plans to ensure rapid and sustained improvement. All programmes are expected to exceed the minimum standard and should aspire towards performance above this level</p>
Achievable standard	<p>Level at which the programme is likely to be running effectively; screening programmes should aspire towards attaining and maintaining performance at this level</p>

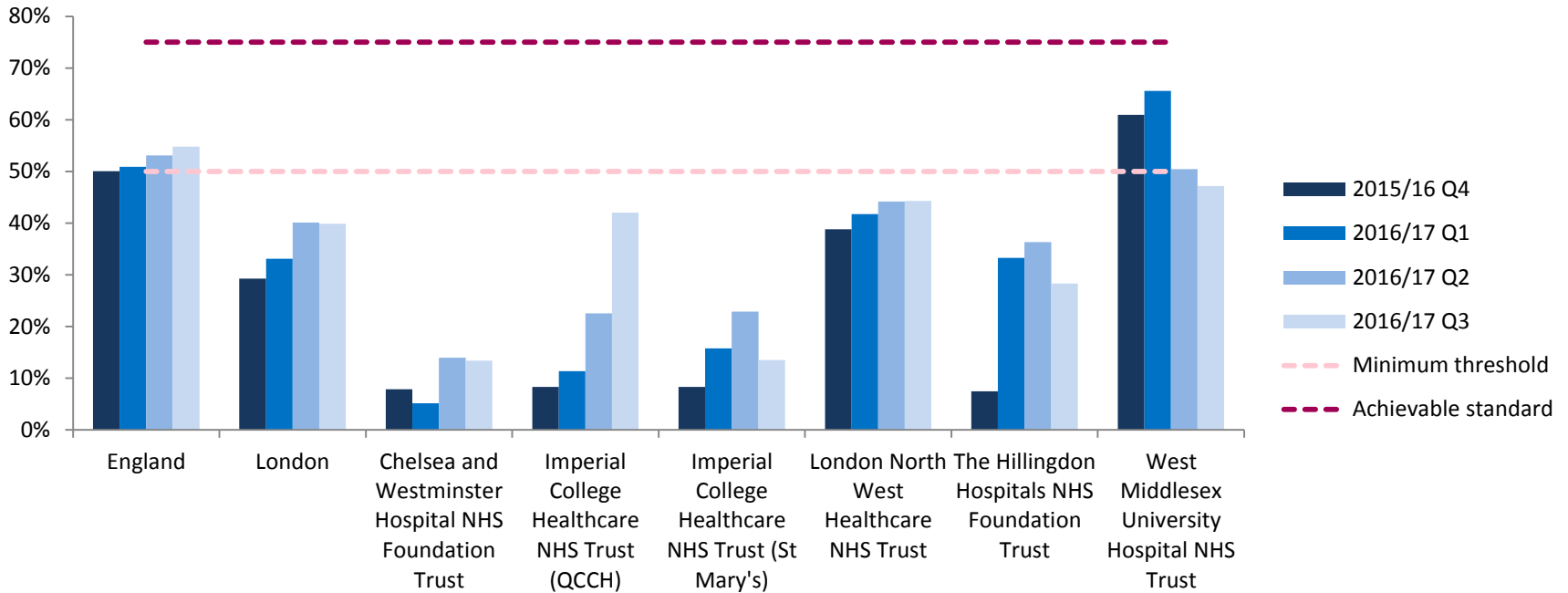
Contact OIC Public Health Matrix Group, NHS England England.PublicHealth-Analysis@nhs.net

ST1: Antenatal sickle cell and thalassaemia screening – coverage



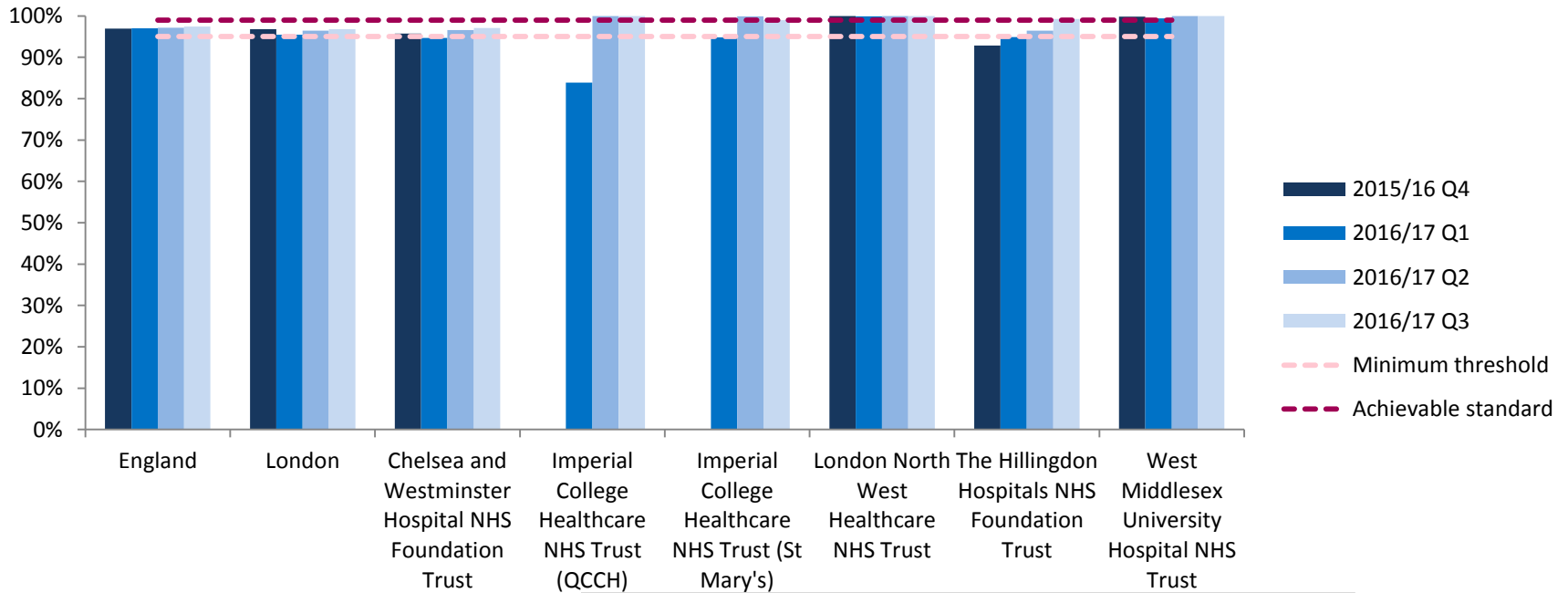
	2015/16 Q4	2016/17 Q1	2016/17 Q2	2016/17 Q3
England	98.7%	99.1%	99.3%	99.3%
London	99.8%	99.8%	99.9%	99.9%
Chelsea and Westminster Hospital NHS Foundation Trust	99.9%	100.0%	99.9%	99.8%
Imperial College Healthcare NHS Trust (QCCH)	99.9%	100.0%	99.9%	100.0%
Imperial College Healthcare NHS Trust (St Mary's)	99.9%	99.9%	100.0%	100.0%
London North West Healthcare NHS Trust	100.0%	99.9%	100.0%	100.0%
The Hillingdon Hospitals NHS Foundation Trust	99.9%	99.9%	99.9%	100.0%
West Middlesex University Hospital NHS Trust	99.9%	99.9%	100.0%	100.0%

ST2: Antenatal sickle cell and thalassaemia screening – timeliness of test



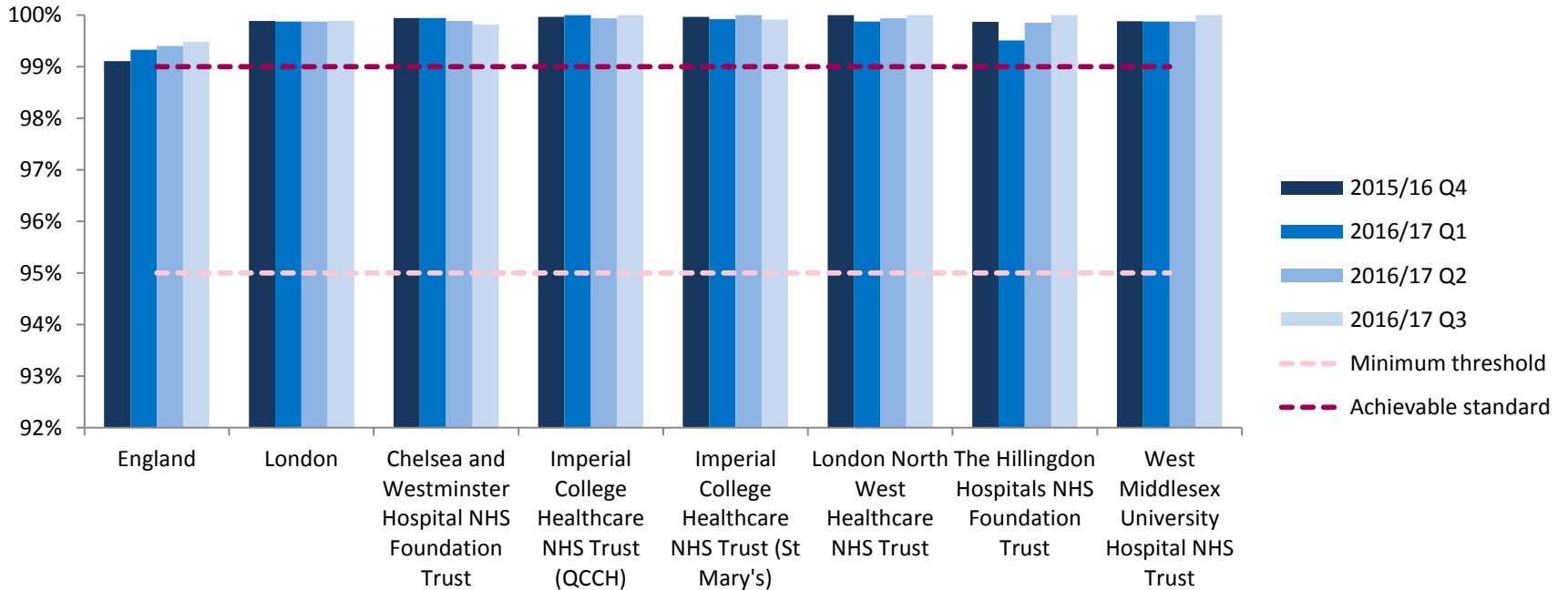
	2015/16 Q4	2016/17 Q1	2016/17 Q2	2016/17 Q3
England	50.1%	50.9%	53.1%	54.8%
London	29.3%	33.1%	40.1%	39.9%
Chelsea and Westminster Hospital NHS Foundation Trust	7.9%	5.2%	14.0%	13.4%
Imperial College Healthcare NHS Trust (QCCH)	8.3%	11.3%	22.6%	42.0%
Imperial College Healthcare NHS Trust (St Mary's)	8.3%	15.8%	22.9%	13.5%
London North West Healthcare NHS Trust	38.8%	41.8%	44.2%	44.3%
The Hillingdon Hospitals NHS Foundation Trust	7.5%	33.3%	36.3%	28.3%
West Middlesex University Hospital NHS Trust	60.9%	65.6%	50.4%	47.2%

ST3: Antenatal sickle cell and thalassaemia screening – completion of FOQ



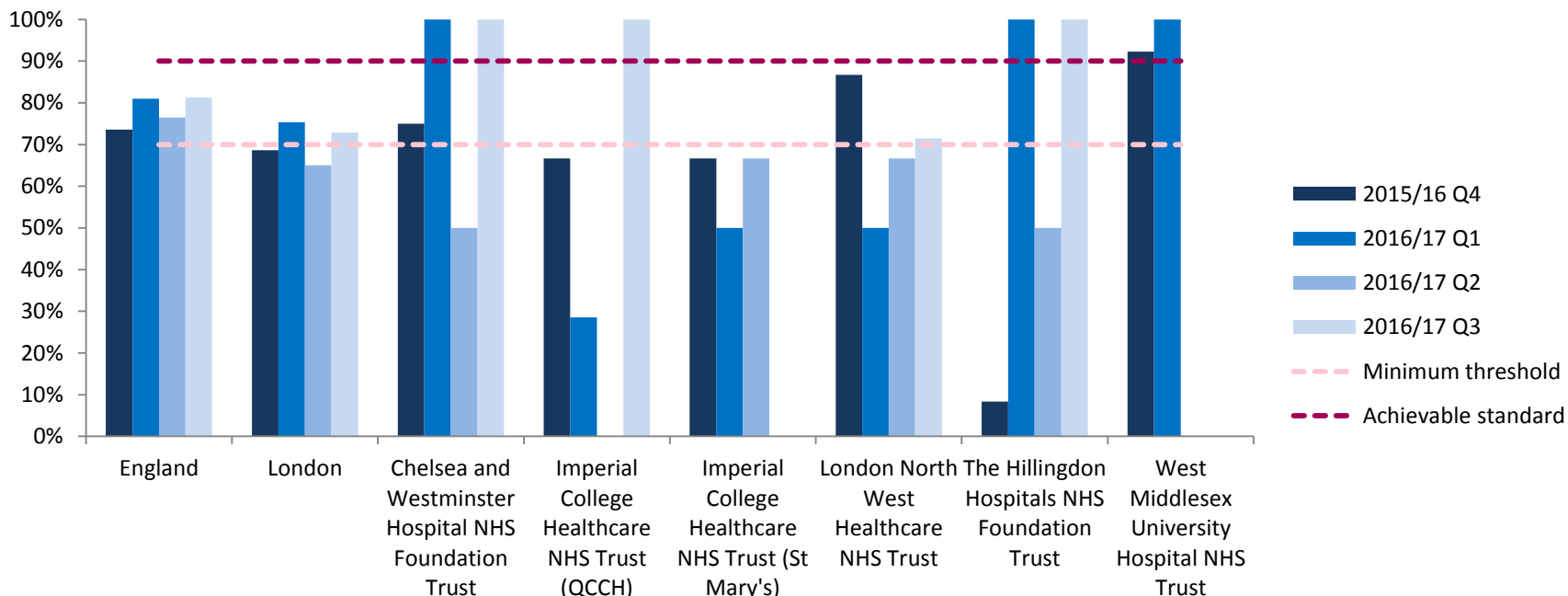
	2015/16 Q4	2016/17 Q1	2016/17 Q2	2016/17 Q3
England	96.9%	97.0%	97.1%	97.4%
London	96.8%	95.4%	96.5%	96.8%
Chelsea and Westminster Hospital NHS Foundation Trust	95.8%	94.7%	96.5%	97.1%
Imperial College Healthcare NHS Trust (QCCH)	No return	83.9%	99.9%	100.0%
Imperial College Healthcare NHS Trust (St Mary's)	No return	94.8%	99.9%	99.0%
London North West Healthcare NHS Trust	99.9%	99.9%	100.0%	100.0%
The Hillingdon Hospitals NHS Foundation Trust	92.9%	94.9%	96.4%	99.2%
West Middlesex University Hospital NHS Trust	99.8%	99.4%	99.9%	100.0%

ID1: Antenatal infectious disease screening – HIV coverage



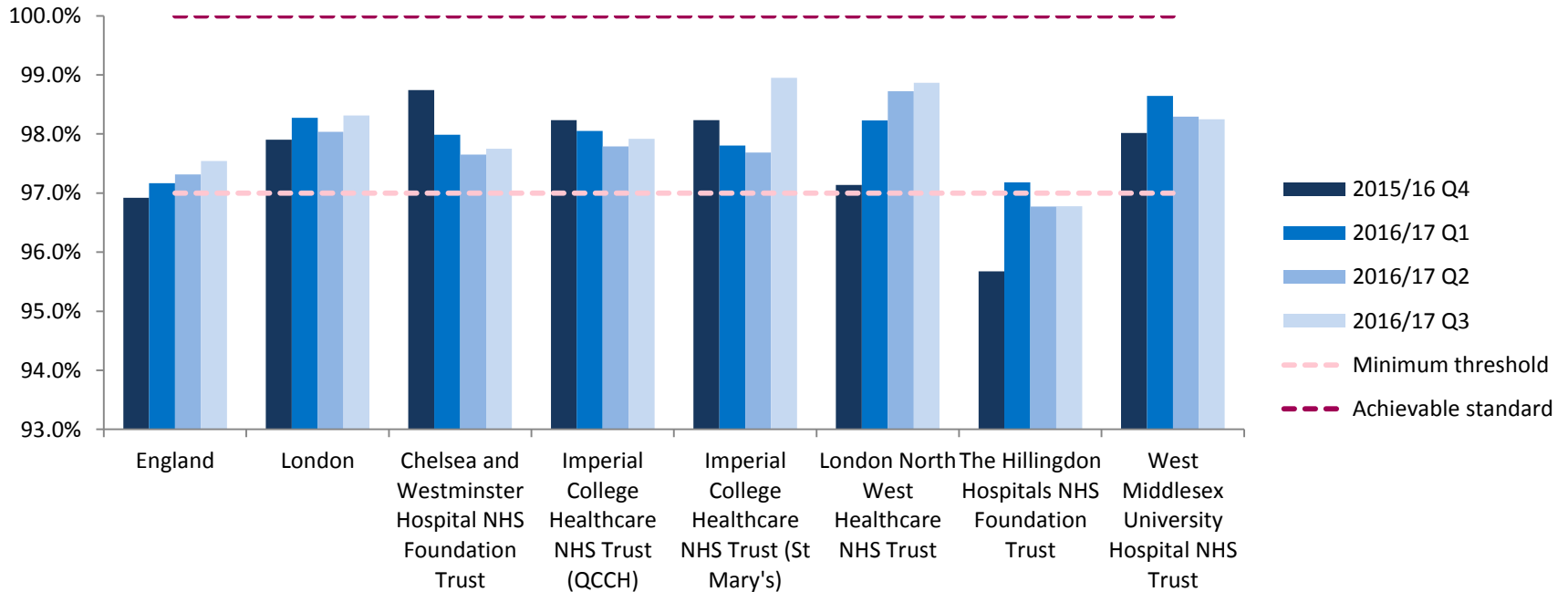
	2015/16 Q4	2016/17 Q1	2016/17 Q2	2016/17 Q3
England	99.1%	99.3%	99.4%	99.5%
London	99.9%	99.9%	99.9%	99.9%
Chelsea and Westminster Hospital NHS Foundation Trust	99.9%	99.9%	99.9%	99.8%
Imperial College Healthcare NHS Trust (QCCH)	100.0%	100.0%	99.9%	100.0%
Imperial College Healthcare NHS Trust (St Mary's)	100.0%	99.9%	100.0%	99.9%
London North West Healthcare NHS Trust	100.0%	99.9%	99.9%	100.0%
The Hillingdon Hospitals NHS Foundation Trust	99.9%	99.5%	99.9%	100.0%
West Middlesex University Hospital NHS Trust	99.9%	99.9%	99.9%	100.0%

ID2: Antenatal infectious disease screening – timely referral of hepatitis B positive women for specialist assessment



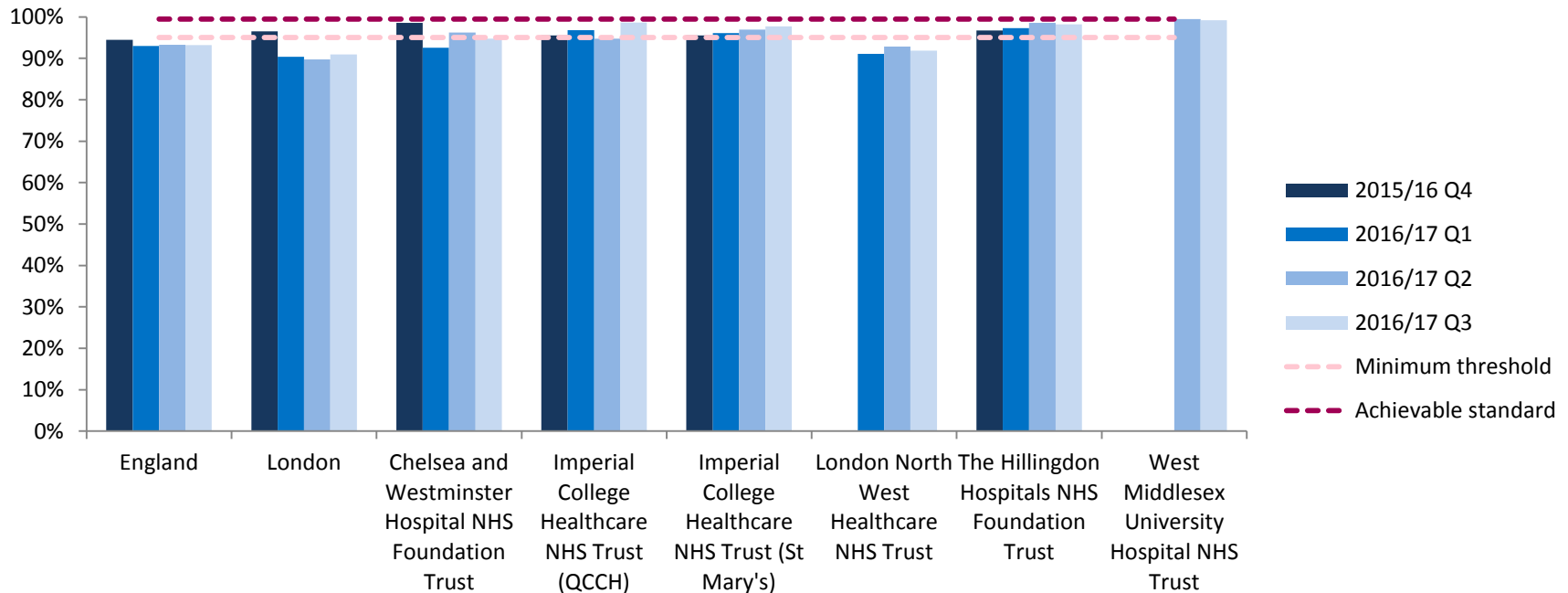
	2015/16 Q4	2016/17 Q1	2016/17 Q2	2016/17 Q3
England	73.6%	81.0%	76.4%	81.3%
London	68.6%	75.3%	65.0%	72.8%
Chelsea and Westminster Hospital NHS Foundation Trust	75.0%	100.0%	50.0%	100.0%
Imperial College Healthcare NHS Trust (QCCH)	66.7%	28.6%	0.0%	100.0%
Imperial College Healthcare NHS Trust (St Mary's)	66.7%	50.0%	66.7%	No cases identified
London North West Healthcare NHS Trust	86.7%	50.0%	66.7%	71.4%
The Hillingdon Hospitals NHS Foundation Trust	8.3%	100.0%	50.0%	100.0%
West Middlesex University Hospital NHS Trust	92.3%	100.0%	No cases identified	No cases identified

FA1: Down's syndrome screening – completion of laboratory request forms



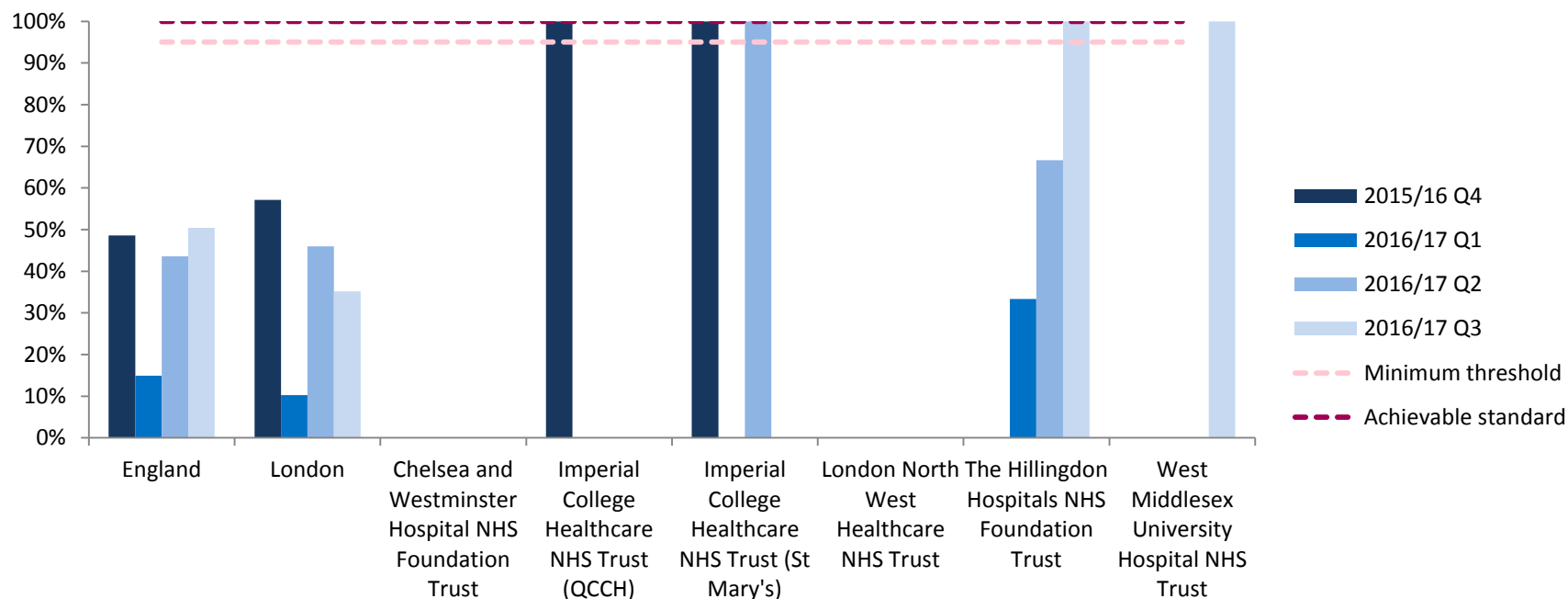
	2015/16 Q4	2016/17 Q1	2016/17 Q2	2016/17 Q3
England	96.9%	97.2%	97.3%	97.5%
London	97.9%	98.3%	98.0%	98.3%
Chelsea and Westminster Hospital NHS Foundation Trust	98.7%	98.0%	97.6%	97.7%
Imperial College Healthcare NHS Trust (QCCH)	98.2%	98.0%	97.8%	97.9%
Imperial College Healthcare NHS Trust (St Mary's)	98.2%	97.8%	97.7%	99.0%
London North West Healthcare NHS Trust	97.1%	98.2%	98.7%	98.9%
The Hillingdon Hospitals NHS Foundation Trust	95.7%	97.2%	96.8%	96.8%
West Middlesex University Hospital NHS Trust	98.0%	98.6%	98.3%	98.3%

NP1: Newborn and Infant Physical Examination – coverage (newborn)



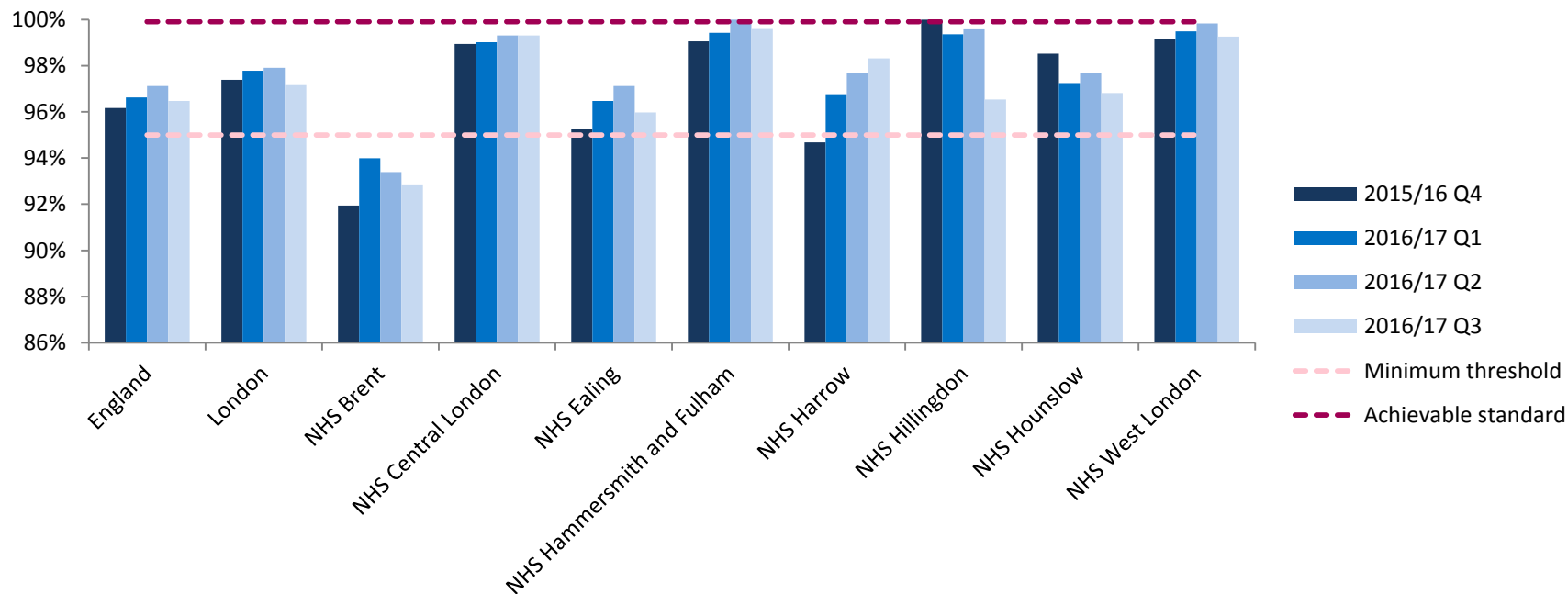
	2015/16 Q4	2016/17 Q1	2016/17 Q2	2016/17 Q3
England	94.4%	93.0%	93.3%	93.2%
London	96.5%	90.4%	89.7%	91.0%
Chelsea and Westminster Hospital NHS Foundation Trust	98.6%	92.6%	96.2%	94.7%
Imperial College Healthcare NHS Trust (QCCH)	95.5%	96.8%	94.7%	98.6%
Imperial College Healthcare NHS Trust (St Mary's)	95.5%	96.1%	96.9%	97.7%
London North West Healthcare NHS Trust	No return	91.1%	92.8%	91.8%
The Hillingdon Hospitals NHS Foundation Trust	96.7%	97.3%	98.5%	98.2%
West Middlesex University Hospital NHS Trust	No return	No return	99.4%	99.2%

NP2: Newborn and Infant Physical Examination – timely assessment of DDH



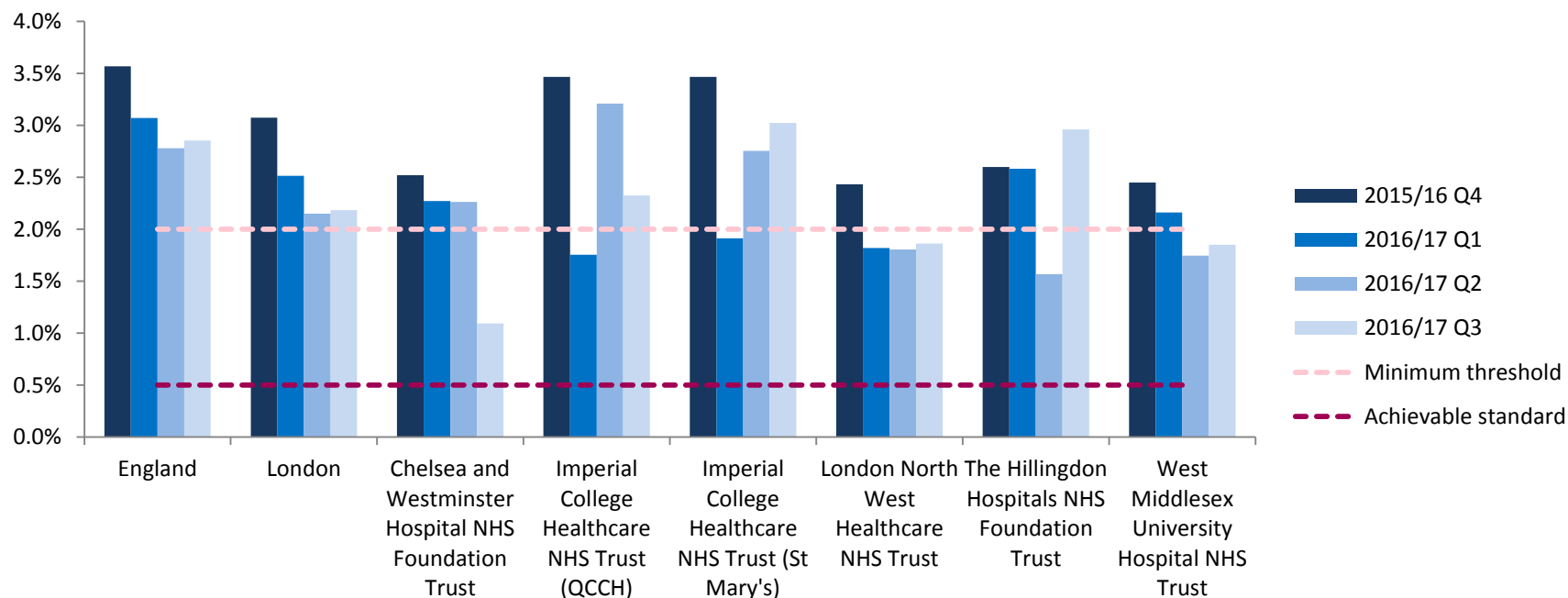
	2015/16 Q4	2016/17 Q1	2016/17 Q2	2016/17 Q3
England	48.6%	15.0%	43.6%	50.4%
London	57.1%	10.2%	45.9%	35.2%
Chelsea and Westminster Hospital NHS Foundation Trust	No return	No return	No return	No return
Imperial College Healthcare NHS Trust (QCCH)	100.0%	No cases identified	No return	No return
Imperial College Healthcare NHS Trust (St Mary's)	100.0%	No cases identified	100.0%	No cases identified
London North West Healthcare NHS Trust	No return	No return	No return	No return
The Hillingdon Hospitals NHS Foundation Trust	0.0%	33.3%	66.7%	100.0%
West Middlesex University Hospital NHS Trust	No return	No return	No return	100.0%

NB1: Newborn blood spot screening – coverage (CCG responsibility at birth)



	2015/16 Q4	2016/17 Q1	2016/17 Q2	2016/17 Q3
England	96.2%	96.6%	97.1%	96.5%
London	97.4%	97.8%	97.9%	97.2%
NHS Brent	91.9%	94.0%	93.4%	92.9%
NHS Central London	98.9%	99.0%	99.3%	99.3%
NHS Ealing	95.3%	96.5%	97.1%	96.0%
NHS Hammersmith and Fulham	99.1%	99.4%	100.0%	99.6%
NHS Harrow	94.7%	96.8%	97.7%	98.3%
NHS Hillingdon	100.0%	99.4%	99.6%	96.5%
NHS Hounslow	98.5%	97.2%	97.7%	96.8%
NHS West London	99.1%	99.5%	99.8%	99.3%

NB2: Newborn blood spot screening – avoidable repeat tests

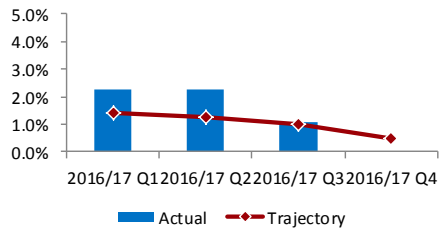


	2015/16 Q4	2016/17 Q1	2016/17 Q2	2016/17 Q3
England	3.6%	3.1%	2.8%	2.9%
London	3.1%	2.5%	2.1%	2.2%
Chelsea and Westminster Hospital NHS Foundation Trust	2.5%	2.3%	2.3%	1.1%
Imperial College Healthcare NHS Trust (QCCH)	3.5%	1.8%	3.2%	2.3%
Imperial College Healthcare NHS Trust (St Mary's)	3.5%	1.9%	2.8%	3.0%
London North West Healthcare NHS Trust	2.4%	1.8%	1.8%	1.9%
The Hillingdon Hospitals NHS Foundation Trust	2.6%	2.6%	1.6%	3.0%
West Middlesex University Hospital NHS Trust	2.4%	2.2%	1.7%	1.8%

NB2: Trajectories

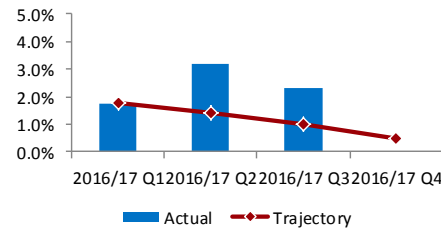
Chelsea and Westminster Hospital NHS Foundation Trust

	2016/17 Q1	2016/17 Q2	2016/17 Q3	2016/17 Q4
Trajectory	1.4%	1.3%	1.0%	0.5%
Actual	2.3%	2.3%	1.1%	



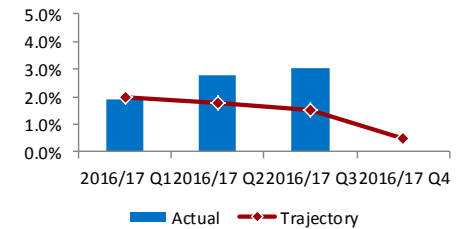
Imperial College Healthcare NHS Trust (QCCH)

	2016/17 Q1	2016/17 Q2	2016/17 Q3	2016/17 Q4
Trajectory	1.8%	1.4%	1.0%	0.5%
Actual	1.8%	3.2%	2.3%	



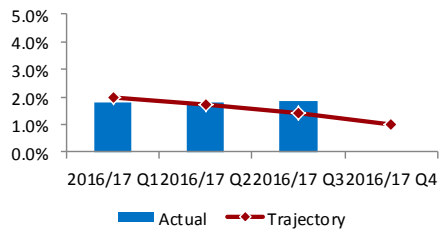
Imperial College Healthcare NHS Trust (St Mary's)

	2016/17 Q1	2016/17 Q2	2016/17 Q3	2016/17 Q4
Trajectory	2.0%	1.8%	1.5%	0.5%
Actual	1.9%	2.8%	3.0%	



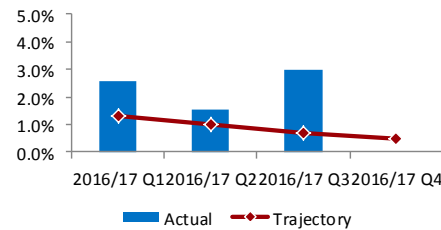
London North West Healthcare NHS Trust

	2016/17 Q1	2016/17 Q2	2016/17 Q3	2016/17 Q4
Trajectory	2.0%	1.7%	1.4%	1.0%
Actual	1.8%	1.8%	1.9%	



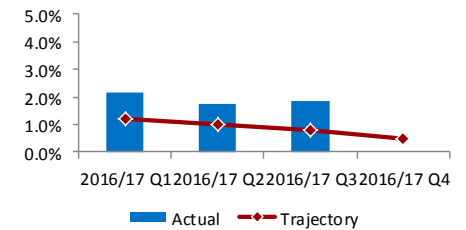
The Hillingdon Hospitals NHS Foundation Trust

	2016/17 Q1	2016/17 Q2	2016/17 Q3	2016/17 Q4
Trajectory	1.3%	1.0%	0.7%	0.5%
Actual	2.6%	1.6%	3.0%	

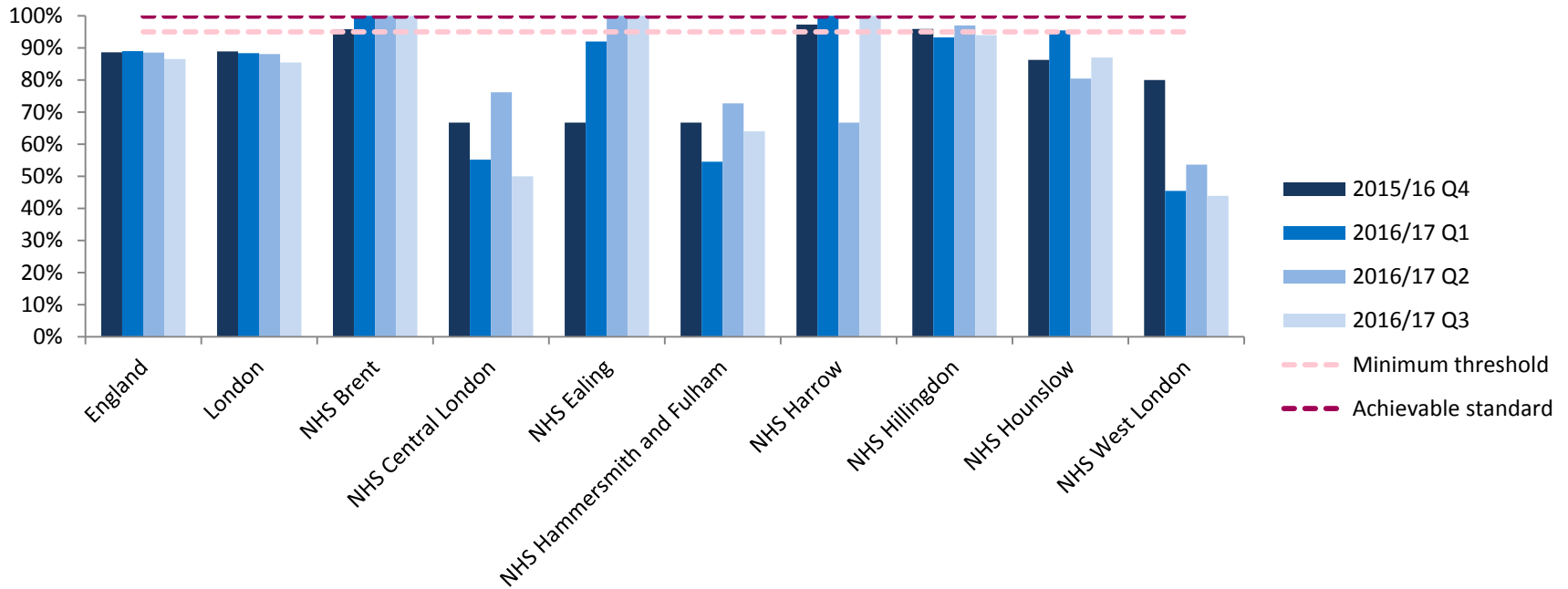


West Middlesex University Hospital NHS Trust

	2016/17 Q1	2016/17 Q2	2016/17 Q3	2016/17 Q4
Trajectory	1.2%	1.0%	0.8%	0.5%
Actual	2.2%	1.7%	1.8%	

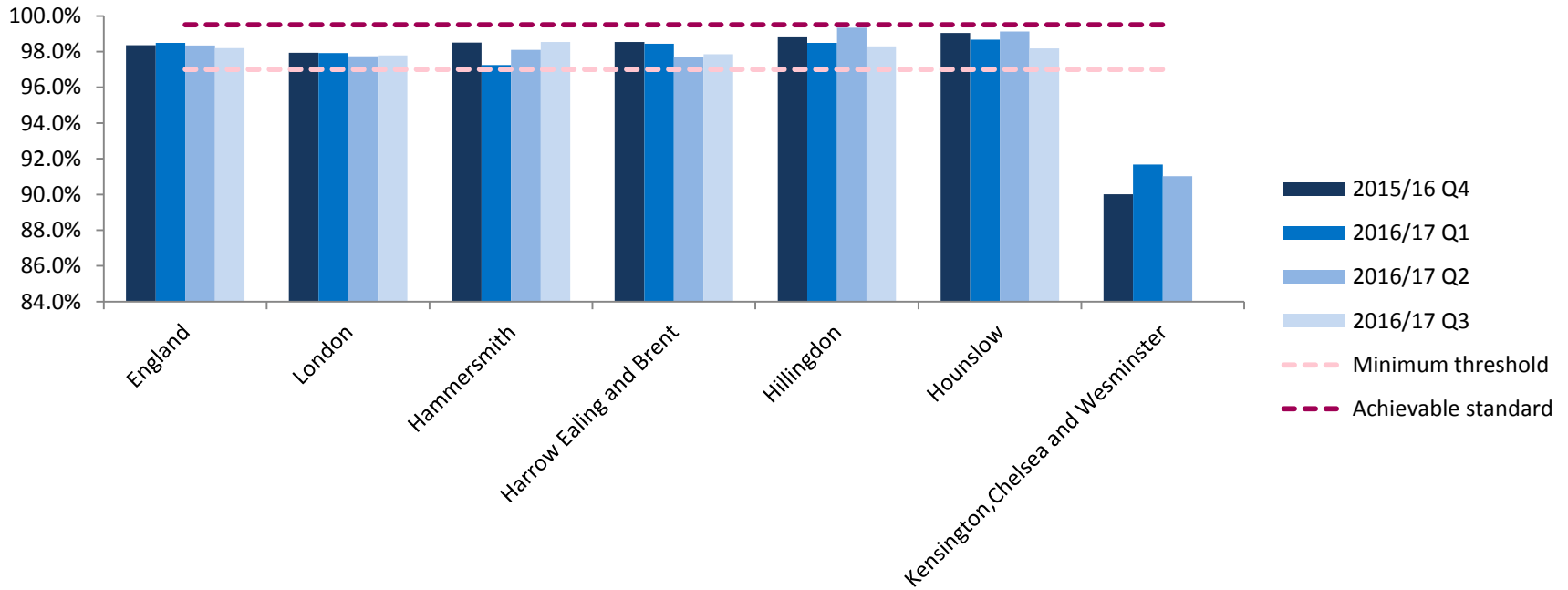


NB4: Newborn blood spot screening – coverage (movers in)



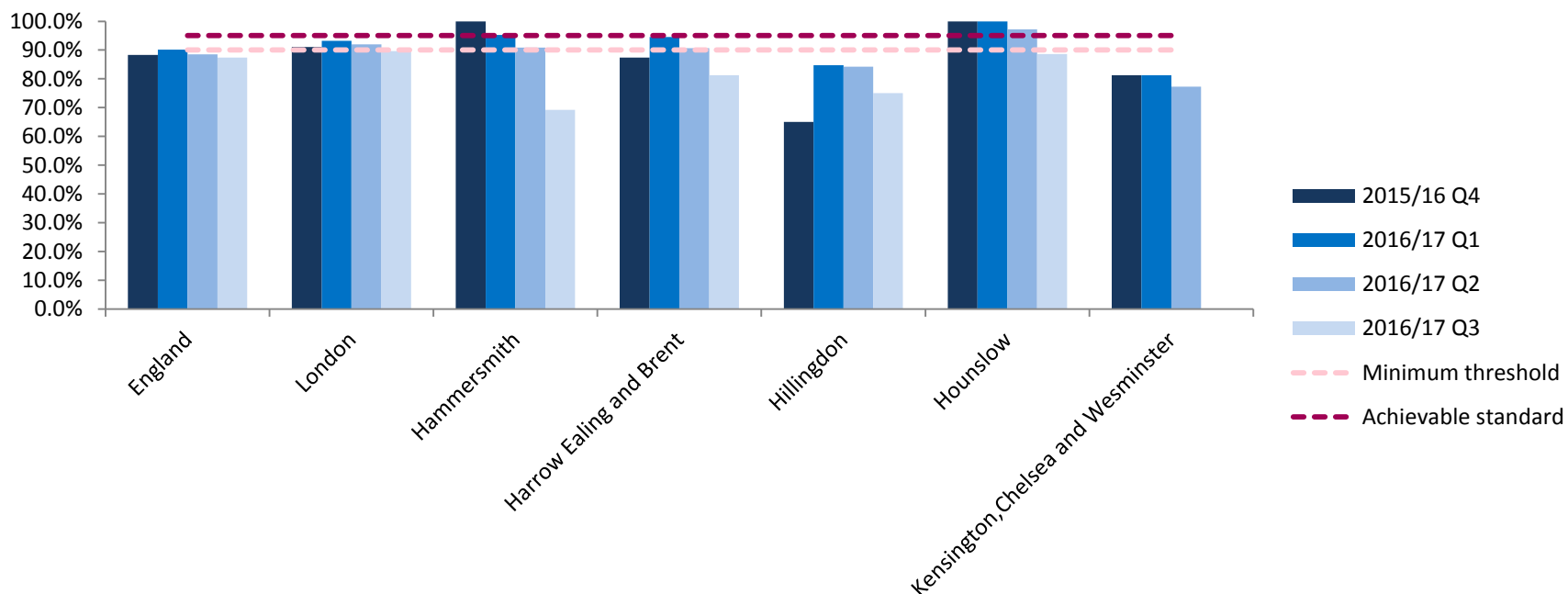
	2015/16 Q4	2016/17 Q1	2016/17 Q2	2016/17 Q3
England	88.6%	88.9%	88.5%	86.5%
London	88.9%	88.4%	88.0%	85.5%
NHS Brent	95.8%	100.0%	100.0%	100.0%
NHS Central London	66.7%	55.2%	76.2%	50.0%
NHS Ealing	66.7%	92.0%	100.0%	100.0%
NHS Hammersmith and Fulham	66.7%	54.5%	72.7%	64.0%
NHS Harrow	97.2%	100.0%	66.7%	100.0%
NHS Hillingdon	95.8%	93.3%	97.0%	94.0%
NHS Hounslow	86.2%	95.5%	80.4%	87.0%
NHS West London	80.0%	45.5%	53.6%	43.9%

NH1: Newborn hearing screening – coverage



	2015/16 Q4	2016/17 Q1	2016/17 Q2	2016/17 Q3
England	98.4%	98.5%	98.3%	98.2%
London	97.9%	97.9%	97.7%	97.8%
Hammersmith	98.5%	97.2%	98.1%	98.5%
Harrow Ealing and Brent	98.5%	98.4%	97.7%	97.8%
Hillingdon	98.8%	98.5%	99.3%	98.3%
Hounslow	99.0%	98.7%	99.1%	98.2%
Kensington, Chelsea and Westminster	90.0%	91.7%	91.0%	

NH2: Newborn hearing – timely assessment for screen referrals



	2015/16 Q4	2016/17 Q1	2016/17 Q2	2016/17 Q3
England	88.3%	90.1%	88.5%	87.3%
London	91.1%	93.2%	92.0%	89.6%
Hammersmith	100.0%	95.2%	90.9%	69.2%
Harrow Ealing and Brent	87.4%	94.6%	90.6%	81.3%
Hillingdon	65.0%	84.7%	84.2%	75.0%
Hounslow	100.0%	100.0%	97.2%	88.6%
Kensington, Chelsea and Westminster	81.3%	81.3%	77.3%	