

West Yorkshire Screening and Immunisation Section 7a
Performance Report 2017 / 18

Screening

Diabetic Eye Screening

| KPI | DE1 | Uptake of routine digital screening | | | | |
|-------------------|--|-------------------------------------|-------------------------------|--------|---------------------------------------|-------------------------|
| Financial Year | Period | Bradford and Airedale | Calderdale and South Kirklees | Leeds | Wakefield District and North Kirklees | Mid Yorkshire Hospital |
| 2016/17 | Q1 | 83.60% | 80.90% | 83.60% | 88.40% | |
| | Q2 | 83.20% | 80.60% | 83.90% | 88.90% | |
| | Q3 | 84.00% | 80.00% | 83.30% | 88.30% | |
| | Q4 | 84.70% | 80.00% | 82.50% | 83.50% | 88.00% |
| Financial Year | Period | West Riding and Craven | | | | Leeds and Mid Yorkshire |
| 2017/18 | Q1 | 82.30% | | | | 91.00% |
| | Q2 | | | | | |
| | Q3 | | | | | |
| | Q4 | | | | | |
| Trend | | | | | | |
| Acceptable | 70% | | | | | |
| Achievable | 2017 /18 - | | | | | |
| | 2016 / 17 - | | | | | |
| Commentary | Table updated with West Riding & Craven programme and Leeds and Mid Yorkshire programme following procurement. | | | | | |

AAA Screening

| KPI | AA2 | Coverage Initial Screen | |
|-------------------|---|--|---|
| | | Central Yorkshire Programme (Leeds, Wakefield) | West Yorkshire Programme (Bradford, Calderdale, Kirklees) |
| Financial Year | Period | | |
| 2016/17 | Q1 | 21.29% | 27.97% |
| | Q2 | 41.28% | 43.24% |
| | Q3 | 62.60% | 58.50% |
| | Q4 | 82.40% | 83.10% |
| 2017/18 | Q1 | 21.20% | 11.80% |
| | Q2 | | |
| | Q3 | | |
| | Q4 | | |
| Trend | | | |
| Acceptable | | 75% | |
| Achievable | | 85% | |
| Commentary | This is accumulative data and final year figure is assessed against target. | | |

AAA Screening Annual Report –
Coverage by CCG

| Financial Year | Period | Airedale, Wharfedale and Craven CCG | Bradford Districts CCG | Calderdale CCG | Leeds North CCG | Bradford City CCG | Greater Huddersfield CCG | Leeds West CCG | Leeds South and East CCG | North Kirklees CCG | Wakefield CCG |
|-----------------|--|---|---------------------------|-------------------|-----------------------|----------------------|--------------------------------|----------------------|--------------------------------------|--------------------------|------------------|
| 2014/15 | Annual coverage | 86.30% | 81.60% | 82.00% | 78.70% | 68.10% | 85.00% | 81.30% | 79.20% | 82.90% | 82.30% |
| 2015/16 | Annual coverage | 86.90% | 82.80% | 82.60% | 81.70% | 71.60% | 88.10% | 81.50% | 79.60% | 84.10% | 84.50% |
| 2016/17 | | | | | | | | | | | |
| Trend | | | | | | | | | | | |
| Lower threshold | 75% | | | | | | | | | | |
| Standard | 85% | | | | | | | | | | |
| Commentary | Promotion by the service in the Bradford area and managed through the local screening operational group. | | | | | | | | | | |

**ANTENATAL
SCREENING**

| KPI | ID1 | HIV Screening Coverage | | | | |
|-------------------|-----|-------------------------------|--|--|------------------------------------|-----------------------------------|
| | | Airedale NHS Foundation Trust | Bradford Teaching Hospitals NHS Foundation Trust | Calderdale and Huddersfield NHS Foundation Trust | Leeds Teaching Hospitals NHS Trust | Mid Yorkshire Hospitals NHS Trust |
| 2016/17 | Q1 | 97.80% | 99.20% | No return | 99.90% | No return |
| | Q2 | 98.10% | 96.80% | 99.40% | 99.90% | 98.60% |
| | Q3 | 98.10% | 98.80% | 99.10% | 99.90% | 99.40% |
| | Q4 | 97.50% | 98.80% | 99.60% | 99.90% | 99.80% |
| 2017/18 | Q1 | 95.90% | 99.70% | 99.80% | 99.90% | 99.20% |
| | Q2 | | | | | |
| | Q3 | | | | | |
| | Q4 | | | | | |
| Trend | | | | | | |
| Acceptable | 90% | | | | | |
| Achievable | 95% | | | | | |

| KPI | ID3 | Hep B Screening Coverage | | | | |
|-------------------|-----------------|-------------------------------|--|--|------------------------------------|-----------------------------------|
| Financial Year | Period | Airedale NHS Foundation Trust | Bradford Teaching Hospitals NHS Foundation Trust | Calderdale and Huddersfield NHS Foundation Trust | Leeds Teaching Hospitals NHS Trust | Mid Yorkshire Hospitals NHS Trust |
| 2017/18 | Q1 | 95.90% | 99.60% | 99.80% | 99.90% | 99.30% |
| | Q2 | | | | | |
| | Q3 | | | | | |
| | Q4 | | | | | |
| Trend | | | | | | |
| Acceptable | 95% | | | | | |
| Achievable | 99% | | | | | |
| Commentary | New KPI 2017/18 | | | | | |

| KPI | ID4 | Syphilis Screening Coverage | | | | |
|----------------|--------|-------------------------------|--|--|------------------------------------|-----------------------------------|
| Financial Year | Period | Airedale NHS Foundation Trust | Bradford Teaching Hospitals NHS Foundation Trust | Calderdale and Huddersfield NHS Foundation Trust | Leeds Teaching Hospitals NHS Trust | Mid Yorkshire Hospitals NHS Trust |
| 2017/18 | Q1 | 95.90% | 99.70% | 99.80% | 100.00% | 99.30% |
| | Q2 | | | | | |
| | Q3 | | | | | |
| | Q4 | | | | | |
| Trend | | | | | | |
| Acceptable | 95% | | | | | |
| Achievable | 99% | | | | | |

| KPI | ST1 | Sickle Cell and Thalassaemia Screening - Coverage | | | | |
|-------------------|--------|---|--|--|------------------------------------|-----------------------------------|
| Financial Year | Period | Airedale NHS Foundation Trust | Bradford Teaching Hospitals NHS Foundation Trust | Calderdale and Huddersfield NHS Foundation Trust | Leeds Teaching Hospitals NHS Trust | Mid Yorkshire Hospitals NHS Trust |
| 2016/17 | Q1 | 96.80% | 99.00% | 99.60% | 100.00% | |
| | Q2 | 97.60% | 97.80% | 99.40% | 99.20% | 99.90% |
| | Q3 | 96.70% | | 99.10% | 99.80% | 99.60% |
| | Q4 | 97.50% | 98.40% | 99.30% | 100.00% | 99.90% |
| 2017/18 | Q1 | 95.90% | 99.60% | 99.90% | 100.00% | 99.80% |
| | Q2 | | | | | |
| | Q3 | | | | | |
| | Q4 | | | | | |
| Trend | | | | | | |
| Acceptable | 95% | | | | | |
| Achievable | 99% | | | | | |

**NEWBORN
SCREENING**

| KPI | Newborn and Infant physical examination - coverage (breakdown) | | | | | |
|-------------------|---|-------------------------------------|---|---|--|--|
| | NP1 | Airedale NHS Foundation Trust | Bradford Teaching Hospitals NHS Foundation Trust | Calderdale and Huddersfield NHS Foundation Trust | Leeds Teaching Hospitals NHS Trust | Mid Yorkshire Hospitals NHS Trust |
| Financial Year | Period | | | | | |
| 2016/17 | Q1 | 98.20% | 96.70% | 98.10% | 96.00% | 98.00% |
| | Q2 | 98.40% | 97.00% | 99.00% | 92.00% | 95.80% |
| | Q3 | 98.40% | 96.40% | 98.10% | 98.00% | 94.00% |
| | Q4 | 99.00% | 96.40% | 98.20% | 94.20% | 95.70% |
| 2017/18 | Q1 | 98.50% | 98.20% | 99.60% | 96.60% | 95.80% |
| | Q2 | | | | | |
| | Q3 | | | | | |
| | Q4 | | | | | |
| Trend | | | | | | |
| Acceptable | 95% | | | | | |
| Achievable | 99.50% | | | | | |

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

| KPI | NB1 | | | | | | | | | | |
|-------------------|---|-------------------------------------|------------------------|----------------|-----------------|-------------------|--------------------------|----------------|------------------------|--------------------|---------------|
| Financial Year | Period | Airedale, Wharfedale and Craven CCG | Bradford Districts CCG | Calderdale CCG | Leeds North CCG | Bradford City CCG | Greater Huddersfield CCG | Leeds West CCG | Leeds South & East CCG | North Kirklees CCG | Wakefield CCG |
| 2016/17 | Q1 | 94.70% | 93.60% | 96.40% | 99.64% | 92.57% | 96.10% | 99.88% | 100.00% | 96.70% | 93.50% |
| | Q2 | 96.20% | 93.90% | 96.50% | 100.00% | 93.74% | 95.90% | 99.90% | 99.90% | 95.80% | 91.90% |
| | Q3 | 92.50% | 90.50% | 95.60% | 99.60% | 91.20% | 96.30% | 100.00% | 99.90% | 92.60% | 91.90% |
| | Q4 | 95.00% | 94.60% | 90.90% | 93.90% | 93.70% | 96.10% | 93.40% | 92.90% | 92.70% | 94.50% |
| 2017/18 | Q1 | 95.50% | 91.90% | 95.90% | 93.60% | 92.70% | 95.40% | 91.70% | 92.80% | 93.20% | 92.90% |
| | Q2 | | | | | | | | | | |
| | Q3 | | | | | | | | | | |
| | Q4 | | | | | | | | | | |
| Trend | | | | | | | | | | | |
| Acceptable | 95% | | | | | | | | | | |
| Achievable | 99.90% | | | | | | | | | | |
| Commentary | All babies are offered a blood spot, in some cases there is a refusal from parents. Re bleeds affect this number and actions are in place to address re bleeds (avoidable repeats). | | | | | | | | | | |

| KPI | NH1 | Newborn hearing screening - coverage | | | | |
|-------------------|--------|--------------------------------------|---------------|----------------------------------|------------|------------------------------|
| Financial Year | Period | Airedale Site | Bradford Site | Calderdale and Huddersfield Site | Leeds Site | Mid Yorkshire Hospitals Site |
| 2016/17 | Q1 | 98.76% | 99.89% | 99.66% | 93.22% | 97.36% |
| | Q2 | 98.62% | 99.44% | 99.55% | 95.33% | 97.88% |
| | Q3 | 98.10% | 97.43% | 98.44% | 92.40% | 96.01% |
| | Q4 | 99.02% | 98.04% | 96.77% | 92.10% | 94.91% |
| 2017/18 | Q1 | 99.20% | 99.90% | 99.70% | 98.60% | 98.40% |
| | Q2 | | | | | |
| | Q3 | | | | | |
| | Q4 | | | | | |
| Trend | | | | | | |
| Acceptable | 95% | | | | | |
| Achievable | 99.50% | | | | | |

BREAST SCREENING

Annual Breast Screening Coverage 53-70 years

| Financial Year | Period | Bradford LA | Calderdale LA | Kirklees LA | Leeds LA | Wakefield LA | England |
|-------------------|--------|-------------|---------------|-------------|----------|--------------|---------|
| 2014/15 | Annual | 69.93% | 71.89% | 73.60% | 72.27% | 73.45% | 75.40% |
| 2015/16 | Annual | 70.81% | 71.86% | 74.12% | 72.20% | 73.95% | 75.50% |
| 2016/17 | Annual | | | | | | |
| Threshold | | | | | | | |
| Acceptable | | 70% | | | | | |
| Achievable | | 80% | | | | | |

| KPI | BS1 | Quarterly Uptake | |
|-------------------|--|------------------|---------|
| | | Leeds | Pennine |
| 2016/17 | Q1 | 65.61% | 71.34% |
| | Q2 | 70.08% | 70.50% |
| | Q3 | 66.73% | 58.79% |
| | Q4 | 69.86% | 62.62% |
| 2017/18 | Q1 | 69.20% | 59.50% |
| | Q2 | | |
| | Q3 | | |
| | Q4 | | |
| Trend | | | |
| Acceptable | | 70% | |
| Achievable | | 80% | |
| Commentary | A national decline in uptake and particularly in first time attenders is widely noted. | | |

CERVICAL CANCER SCREENING

Annual Cervical Screening Coverage 25-64 years

| Financial Year | Period | Calderdale Service | Kirklees Service | Bradford and Airedale Service | Leeds Service | Wakefield District Service | England |
|----------------|--------|--------------------|------------------|-------------------------------|---------------|----------------------------|---------|
| 2014/15 | Annual | 77.80% | 76.80% | 71.90% | 74.50% | 75.40% | 73.5% |
| 2015/16 | Annual | 77.70% | 76.50% | 71.00% | 74.10% | 75.10% | 72.8% |
| 2016/17 | Annual | | | | | | |
| Target | | 80% | | | | | |

KPI CS1 3yr uptake by quarter 25-29yrs

| Financial Year | Period | Bradford and Airedale Upper LA | Calderdale Upper LA | Kirklees Upper LA | Leeds Upper LA | Wakefield District Upper LA |
|-------------------|--|--------------------------------|---------------------|-------------------|----------------|-----------------------------|
| 2016/17 | Q1 | 62.80% | 71.10% | 68.60% | 67.10% | 68.40% |
| | Q2 | 62.70% | 70.90% | 68.20% | 66.80% | 68.00% |
| | Q3 | 62.40% | 70.80% | 68.00% | 66.70% | 67.70% |
| | Q4 | 62.60% | 70.90% | 68.10% | 67.20% | 67.80% |
| 2017/18 | Q1 | 62.20% | 70.30% | 67.70% | 67.00% | 67.70% |
| | Q2 | | | | | |
| | Q3 | | | | | |
| | Q4 | | | | | |
| Trend | | | | | | |
| Acceptable | | 80% | | | | |
| Commentary | Actions to improve these targets are detailed in the report. Small percentage increases reflect large numbers of eligible population being screened. | | | | | |

| KPI | CS2 | 5yr Uptake by Quarter 50 - 64yrs | | | | |
|-------------------|--|----------------------------------|---------------------|-------------------|----------------|-----------------------------|
| Financial Year | Period | Bradford and Airedale Upper LA | Calderdale Upper LA | Kirklees Upper LA | Leeds Upper LA | Wakefield District Upper LA |
| 2016/17 | Q1 | 75.70% | 78.20% | 79.00% | 76.60% | 75.10% |
| | Q2 | 75.20% | 78.10% | 78.70% | 76.30% | 74.70% |
| | Q3 | 75.10% | 77.70% | 78.50% | 76.10% | 74.40% |
| | Q4 | 75.00% | 77.60% | 78.60% | 75.80% | 74.50% |
| 2017/18 | Q1 | 74.80% | 77.10% | 78.30% | 75.50% | 74.40% |
| | Q2 | | | | | |
| | Q3 | | | | | |
| | Q4 | | | | | |
| Trend | | | | | | |
| Acceptable | 80% | | | | | |
| Commentary | Actions to improve these targets are detailed in the report. Small percentage increases reflect large numbers of eligible population being screened. | | | | | |

Annual Bowel Screening Uptake 60-74 years

| Financial Year | Period | Airedale, Wharfedale and Craven CCG | Bradford Districts CCG | Calderdale CCG | Leeds North CCG | Bradford City CCG | Greater Huddersfield CCG | Leeds West CCG | Leeds South & East CCG | North Kirklees CCG | Wakefield CCG |
|----------------|--------|-------------------------------------|------------------------|----------------|-----------------|-------------------|--------------------------|----------------|------------------------|--------------------|---------------|
| 2014/15 | Annual | 63.48% | 54.14% | 59.55% | 56.54% | 31.89% | 61.98% | 54.57% | 54.03% | 53.54% | 56.76% |
| 2015/16 | Annual | 62.17% | 54.13% | 57.38% | 58.80% | 33.71% | 60.99% | 58.37% | 53.90% | 52.80% | 56.45% |
| 2016/17 | Annual | | | | | | | | | | |
| Target | | 60% | | | | | | | | | |

| KPI | BCS1 | Bowel Quarterly Uptake | | | | | | | | | |
|-------------------|---|-------------------------------------|------------------------|----------------|-----------------|-------------------|--------------------------|----------------|------------------------|----------------|---------------|
| Financial Year | Period | Airedale, Wharfedale and Craven CCG | Bradford Districts CCG | Calderdale CCG | Leeds North CCG | Bradford City CCG | Greater Huddersfield CCG | Leeds West CCG | Leeds South & East CCG | North Kirklees | Wakefield CCG |
| 2016/17 | Q1 | 62.47% | 55.35% | 61.81% | 60.32% | 35.88% | 63.11% | 58.55% | 55.42% | 54.95% | 57.40% |
| | Q2 | 62.73% | 55.13% | 60.09% | 57.46% | 35.12% | 62.17% | 57.89% | 53.97% | 54.56% | 57.84% |
| | Q3 | 61.71% | 53.01% | 60.13% | 59.42% | 31.77% | 61.14% | 56.92% | 52.82% | 53.46% | 56.90% |
| | Q4 | 66.86% | 56.88% | 60.36% | 61.23% | 37.31% | 63.87% | 58.64% | 56.47% | 56.26% | 58.48% |
| 2017/18 | Q1 | | | | | | | | | | |
| | Q2 | | | | | | | | | | |
| | Q3 | | | | | | | | | | |
| | Q4 | | | | | | | | | | |
| Trend | | | | | | | | | | | |
| Acceptable | | 52% | | | | | | | | | |
| Achievable | | 60.00% | | | | | | | | | |
| Commentary | As detailed in the report actions to address uptake include campaigns, targeted work with practices and work with CRUK. | | | | | | | | | | |

(Diabetic Eyes Screening, Abdominal Aortic Aneurysm Screening and Antenatal and Newborn Screening data can be found on the PHE website)

<https://www.gov.uk/government/publications/nhs-screening-programmes-kpi-reports-and-briefings-2016-to-2017>