



North East Quality Observatory Service

Population Health & Healthcare Surveillance Early Diagnosis

March 2019 Update

Summary Dashboard

	Indicator	Time Period	North East Value	North East Rank	National Average	Direction of Travel
	40. Cancer screening coverage - Breast cancer (%)	2018	77.0	3	74.9	******
Sis	41. Cancer screening coverage - Cervical cancer (%)	2018	74.2	4	71.4	• • • • • • • • • • • • • • • • • • • •
Diagnosis	42. Cancer screening coverage - Bowel cancer (%)	2018	60.4	4	59.0	• • • •
Early D	43. Diabetic eye screening - coverage (%)	2017/18	74.7		68.1	•
Ea	44. Cumulative % of the eligible population aged 40-74 who received an NHS Health Check (%)	2013/14 - 17/18	41.4	6	44.3	



North East Rank amongst the 9 Regions 1 - Best

9 - Worst

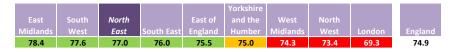
What do the detailed pages show?

The following pages contain further information for each indicator, including, where available, data comparing each region in England, and trend data over time for England and the North East. The latest information at local authority or CCG level for the North East and North Cumbria is also presented. A narrative section explains the key findings from the data and also includes data sources and definitions.

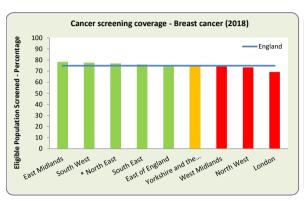
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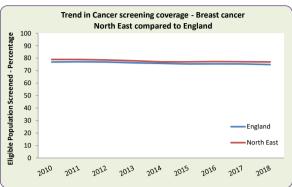
40. Cancer screening coverage - Breast cancer (2018)

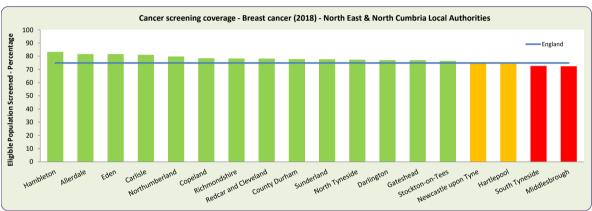
The percentage of women in the resident population eligible for breast screening who were screened adequately within the previous three years on 31 March.



Significantly Better







Data source: Public Health Outcomes Framework Data tool. Indicator Portal (http://www.phoutcomes.info).

Definitions / Notes

Breast screening supports early detection of cancer and is estimated to save 1,400 lives in England each year. Inclusion of this indicator in the Public Health Outcomes Framework provides an opportunity to incentivise screening promotion and other local initiatives to increase coverage of cancer screening. Improvements in coverage would mean more breast cancers are detected at earlier, more treatable stages.

The Department for Health & Social Care has set two performance levels for the breast screening programme: a 'lower threshold' which is the lowest level of performance that programmes are expected to attain, and an 'agreed standard' which is the level at which the programme is likely to be running optimally. These are 70% and 80% respectively.³⁸

What is the data telling us?

Despite achieving a coverage rate significantly above the national average, the North East, like all other regions of the country did not meet the agreed standard for coverage (80%) in 2018. The coverage rate for the North East was 77.0% compared to the England average of 74.9%

Within the region, all local authorities achieved the 70% lower threshold, but only four achieved the agreed standard with rates above 80%. They were Hambleton, Alerdale, Eden and Carlisle. The lowest rates in the region were observed for Middlesbrough (72.4%) and South Tyneside (72.6%).

In 2018 two events (on the breast and cervical screening programmes) raised concerns about the management and understanding of screening programmes, and the National Audit Office conducted an enquiry,³⁹ which highlighted issues in relation to governance and oversight, contract management and complex and ageing IT systems. In November 2018 it was announced that Professor Sir Mike Richards will lead a review of cancer screening services, as part of a renewed drive to improve care and save lives.⁴⁰

38. Department of Health & Social Care & NHS England (2018). NHS public health functions agreement 2018-2019, Public health functions to be exercised by NHS England. NHS England Publications Gateway Reference 07773, © Crown copyright.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/694130/nhs-public-functions-agreement-2018-2019.pdf 39. National Audit Office (2019). Investigation into the management of health screening.

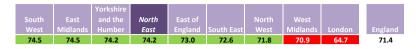
https://www.nao.org.uk/report/investigation-into-adult-health-screening/

 $\textbf{40.} \ \underline{\text{https://www.england.nhs.uk/2018/11/cancer-screening-to-be-overhauled-as-part-of-nhs-long-term-plan-to-improve-care-and-save-lives/plan$

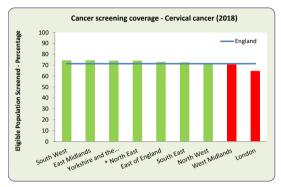
41. Cancer screening coverage - Cervical cancer (2018)

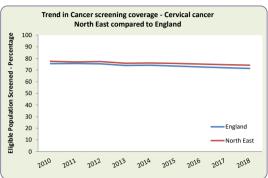
The percentage of women in the resident population eligible for cervical screening who were screened adequately within the previous 3.5 years or 5.5 years, according to age (3.5 years for women aged 25-49 and 5.5 years for women aged 50-64) on 31 March.

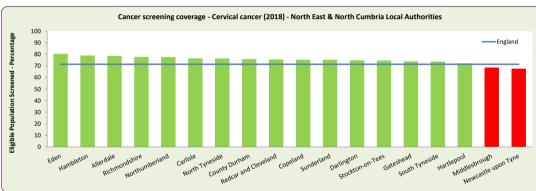
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Significantly Better







Data source: Public Health Outcomes Framework Data tool. Indicator Portal (http://www.phoutcomes.info).

Definitions / Notes

Cervical cancer screening supports detection of symptoms that may become cancer and is estimated to save 4,500 lives in England each year.⁴¹ Inclusion of this indicator in the Public Health Outcomes Framework provides an opportunity to incentivise screening promotion and other local initiatives to increase coverage of cancer screening. Improvements in coverage would mean more cervical cancer is prevented or detected at earlier, more treatable stages. The national target for cervical screening coverage is 80%.

The Department for Health & Social Care has set two performance levels for the cervical screening programme: a 'lower threshold' which is the lowest level of performance that programmes are expected to attain, and an 'agreed standard' which is the level at which the programme is likely to be running optimally. These are 75% and 80% respectively. 42

What is the data telling us?

Despite achieving a coverage rate significantly above the national average, the North East, like all other regions of the country failed to meet even the lower threshold for coverage (75%) in 2018. The coverage rate for the North East was 74.2% compared to the England average of 71.4%.

Most regions are displaying a downward trend in screening coverage over the past 4 years and the North East is no exception.

During 2018, the majority of Local Authority populations in the North East region experienced coverage rates which were significantly higher than those achieved on average nationally. However, only Eden achieved the 80% standard. Coverage rates for residents of Newcastle (67.6%) and Middlesbrough (68.6%) were significantly lower than that achieved nationally and a further four areas failed to achieve the 75% lower threshold (South Tyneside, Gateshead, Stockton-on-Tees and Darlington).

In 2018 two events (on the breast and cervical screening programmes) raised concerns about the management and understanding of screening programmes, and the National Audit Office conducted an enquiry, ⁴³ which highlighted issues in relation to governance and oversight, contract management and complex and ageing IT systems. In November 2018 it was announced that Professor Sir Mike Richards will lead a review of cancer screening services, as part of a renewed drive to improve care and save lives. ⁴⁴

- 41. Julian Peto et al, The Lancet 2004 (Vol.364: 249-56)
- 42.Department of Health & Social Care & NHS England (2018). NHS public health functions agreement 2018 -2019, Public health functions to be exercised by NHS England. NHS England Publications Gateway Reference 07773, © Crown copyright.
- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/694130/nhs-public-functions-agreement-2018-2019.pdf
 43. National Audit Office (2019). Investigation into the management of health screening.
 https://www.nao.org.uk/report/investigation-into-adult-health-screening/
- 44. https://www.england.nhs.uk/2018/11/cancer-screening-to-be-overhauled-as-part-of-nhs-long-term-plan-to-improve-care-and-save-lives/

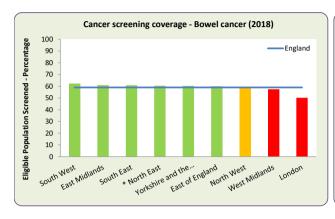
42. Cancer screening coverage - Bowel cancer (2018)

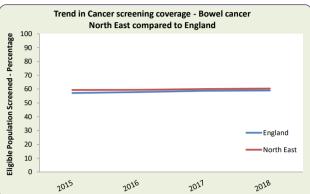
The proportion of eligible men and women aged 60 to 74 invited for screening who had an adequate faecal occult blood test (FOBt) screening result in the previous 30 months.

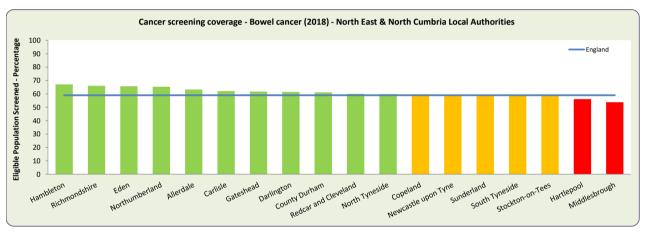
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				Yorkshire					
South			North	and the	East of	North	West		
West	Midlands	South East	East	Humber	England	West	Midlands	London	England
62.3	60.9	60.8	60.4	60.3	60.0	58.9	57.4	50.2	59.0

Significantly Better







 ${\it Data\ source: Public\ Health\ Outcomes\ Framework\ Data\ tool.\ Indicator\ Portal\ (http://www.phoutcomes.info).}$

Definitions / Notes

Bowel cancer screening supports early detection of cancer and polyps which are not cancers but may develop into cancers over time. About one in 20 people in the UK will develop bowel cancer during their lifetime. This indicator provides an opportunity to incentivise screening promotion and other local initiatives to increase coverage of bowel cancer screening.

Improvements in coverage would mean more bowel cancers are detected at earlier, more treatable stages, and more polyps are detected and removed - reducing the risk of bowel cancer developing.

The Department for Health & Social Care has set two performance levels for the bowel screening programme: a 'lower threshold' which is the lowest level of performance that programmes are expected to attain, and an 'agreed standard' which is the level at which the programme is likely to be running optimally. These are 55% and 60% respectively.⁴⁵

What is the data telling us?

The 2018 data shows a positive picture for the North East region with a coverage rate of 60.4%, compared to the national average of 59.0%, and the North East was one of five regions that achieved the agreed standard (60%).

During 2018, more than half (10) of Local Authority populations in the North East region achieved the 60% standard. The lowest rate in the region was observed in Middlesbrough where even the lower threshold for coverage was not achieved (53.8%).

45. Department of Health & Social Care & NHS England (2018). NHS public health functions agreement 2018-2019, Public health functions to be exercised by NHS England. NHS England Publications Gateway Reference 07773, © Crown copyright.

 $\underline{\text{https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/694130/nhs-public-functions-agreement-2018-2019.pdf}$

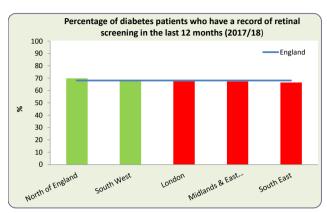
43. Percentage of diabetes patients who have a record of retinal screening in the last 12 months (2017/18)

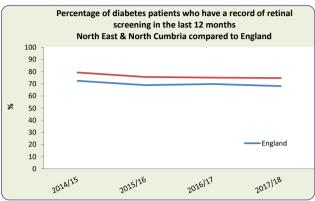
The percentage of patients with diabetes, on GP practice registers, who have a record of retinal screening in the preceding 12 months

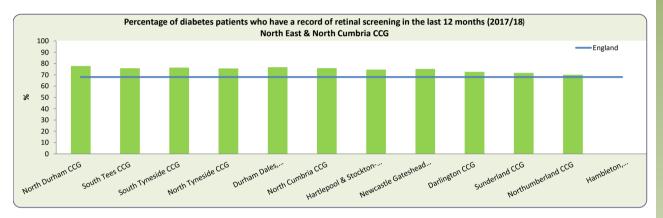
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North East & North
Cumbria England
74.7 68.1
Compared with England: Significantly Better

Significantly Better







Data source: NHS Digital. Indicators no longer in QOF (INLIQ).

2014-15 http://content.digital.nhs.uk/pubs/gpprac1415 Copyright © 2015, Health and Social Care Information Centre.

2015/16 http://digital.nhs.uk/catalogue/PUB22004 Copyright © 2016 Health and Social Care Information Centre.

2016/17 http://www.digital.nhs.uk/catalogue/PUB30049 Copyright © 2017 Health and Social Care Information Centre.

2017/18https://digital.nhs.uk/data-and-information/publications/statistical/gp-contract-services/gp-contract-services-england-2017-18 Copyright © 2018 Health and Social Care Information Centre.

Definitions / Notes

Diabetic retinopathy is one of the most common causes of blindness in the UK. Regular screening allows prompt identification and effective treatment, if necessary, of sight threatening diabetic retinopathy.

This indicator replaces one reported previously in this report. The previous indictor measured screening uptake (the proportion of those offered screening who attended), whereas this one measures coverage (the proportion of eligible patients who have been screened). Another difference is that this indicator includes data at both regional and CCG level, whereas the previous indicator only provided data for regional geographies.

The information presented above has been derived from indicators that have been removed from the Quality and Outcomes Framework (QOF), a system of financial incentives for improving quality of primary care within the contract for GP services. However, the data are still collected and published.

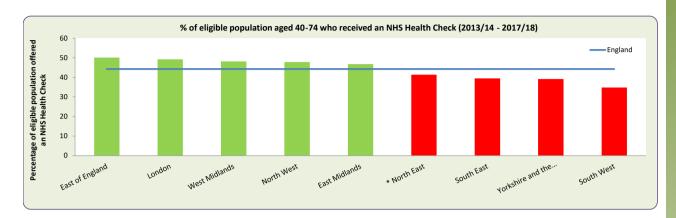
No data has been published for Hambleton CCG for 2017/18 which means that the NENC figure for 2017/18, along with the England figure and the North of England figure exclude Hambleton, Richmondshire & Whitby CCG.

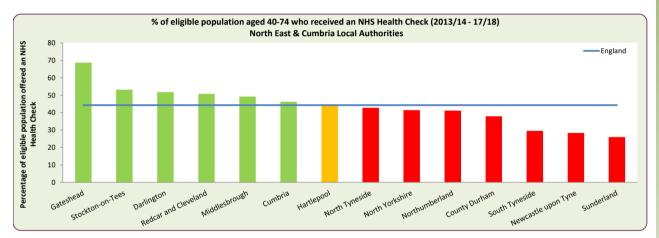
What is the data telling us?

The percentage of patients with diabetes, on GP practice registers, who have a record of retinal screening in the preceding 12 months was significantly higher in the NENC AHSN area in 2017/18 than in the country as a whole (74.7% compared to 68.1%), a trend t hat has been observed for the past 4 years. However, the rate is very slowly declining, both regionally and nationally, possibly due to the fact that this indicator is no longer monitored as part of the Quality and Outcomes Framework.

Within the region, all of the CCGs had rates which are significantly better than the national average in 2017/18.

East of West North East North and the South England London Midlands West Midlands East South East Humber West England 50.1 49.3 48.2 47.9 46.8 41.4 39.5 39.1 34.9 44.3





Data source: Public Health Outcomes Framework Data tool. Indicator Portal (http://www.phoutcomes.info).

Definitions / Notes

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk. A high take up of NHS Health Checks is assumed to be important to identify early signs of poor health leading to opportunities for early interventions.

What is the data telling us?

In the period 2013/14 - 2017/18, the percentage of the eligible population of the North East region that received an NHS Health check was 41.4%, significantly lower than that achieved nationally.

During 2013/14 - 17/18, rates significantly below the national average were achieved for the populations of half of the constituent local authorities within the North East and Cumbria. However, six local authorities in the region achieved rates for health checks received that were significantly higher than those achieved nationally.

There appears to be high offer rate but low uptake of health checks in the North East region.